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for the Decade 2001-2010**

**Implementation of the Programme of Action for the Least
Developed Countries for the Decade 2001-2010**

Report of the Secretary-General

Summary

The present report is submitted pursuant to General Assembly resolution 63/227 and Economic and Social Council resolution 2007/31, in which the Secretary-General was requested to submit an analytical and results-oriented progress report on the further implementation of the Programme of Action for the Least Developed Countries for the Decade 2001-2010, including a report on the substantive, organizational and logistical preparations for the Fourth United Nations Conference on the Least Developed Countries.

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** E/2009/100.



I. Introduction

1. The present report is submitted in response to General Assembly resolution 63/227 and Economic and Social Council resolution 2007/31, in which the Secretary-General was requested to submit a report on progress in implementing the Programme of Action for the Least Developed Countries for the Decade 2001-2010 (A/CONF.191/13, chap. II), adopted at the Third United Nations Conference on the Least Developed Countries, held in Brussels in May 2001 (hereinafter referred to as the "Brussels Programme").
2. The second section of the report examines the nature of the impact of the ongoing financial and economic crises on the least developed countries. The third section provides a brief overview of the progress made towards the international goals and targets contained in the Brussels Programme. It also identifies some of the probable effects of the crises in each of those areas. A fifth section of the report describes preparations for the Fourth United Nations Conference on the Least Developed Countries.
3. In some of the areas addressed by the Brussels Programme, results are quantifiable. The country-by-country data in the statistical annex (tables 1-16) to the present report show the large variations among the least developed countries, both in the absolute levels of many of the variables concerned and in progress made since the adoption of the Programme.
4. The present report was prepared with the cooperation of all United Nations system organizations. Their contributions to this process will be made available separately.

II. The global crises and the least developed countries

5. A sequence of global economic crises has combined to present a major threat to the development of the least developed countries. At the time of last year's report, the development successes of those countries were being overshadowed by the food and energy crises. A sustained increase in oil prices (see annex, table 1), particularly the spike in 2008, caused oil-importing least developed countries to suffer a mixture of higher inflation and reduced growth. It also added to fiscal pressures and balance-of-payments difficulties and resulted in currency depreciation in several countries.
6. International food prices also escalated rapidly in 2008. These increases were transmitted, at least in part, to domestic markets in most of the least developed countries. Many of the least developed countries are net food-importing countries and, because there is a larger proportion of poor and malnourished people in those countries, the human impact of an increase in food prices is greater than elsewhere. Of the 36 countries and areas classified by the World Food Programme (WFP) in 2008 as being most at risk from higher food prices, 24 were among the least developed countries (see annex, table 2). The countries most affected by the escalation in prices were those where more than 30 per cent of the population was already undernourished.
7. Higher food prices have negative consequences for consumers but raise the incomes of farmers and encourage them to produce more food. However, efforts to increase food production in the least developed countries in 2008 were dampened by

higher prices for fertilizer, energy and seeds, the increase in prices for the first two items being an outcome of the energy crisis. Low-income farmers, particularly those producing only a subsistence level of output and with neither savings nor ready access to credit, were prevented from responding to the incentive of higher prices for their output by their inability to acquire the necessary inputs.

8. Since the middle of 2008, food prices have declined rapidly but have not returned to their pre-crisis levels; in March 2009, the international prices of rice and grains were about 50 per cent higher than three years previously.¹ Moreover, retail prices in many domestic markets have not fallen at the same rate as international prices. Nevertheless, the easing of food prices has reversed, but not completely removed, the previous negative effects of higher prices on consumers and on poverty, hunger and malnutrition.

9. Meanwhile, a financial crisis in the world's largest economy has mutated into, initially, a slowdown in the developed countries and, subsequently, a global economic crisis and a development crisis, particularly for the least developed countries. The impact of each of these crises on the least developed countries has differed slightly, but each has underlined the vulnerability of such countries to developments outside their borders. Both the immediate economic situation of the least developed countries and their longer-term development prospects have deteriorated markedly for reasons not of their making. Because of the usual lags in the data, and particularly since the overall crisis is still unfolding, a comprehensive quantitative assessment of the impact of the crisis on the least developed countries is not yet available, but the effects of the crisis are being transmitted through a number of channels.

10. The initial financial crisis in a few developed countries had a limited impact on and consequences for the least developed countries because of their nascent financial systems and their weak financial linkages with the rest of the world. The least developed countries are still mainly cash economies, with limited banking systems. Moreover, their banks are less integrated into the international financial system, particularly into the private sector capital and bond markets, where the turmoil was greatest. On the other hand, most of the least developed countries use trade finance, and this was extensively affected by the crisis. Moreover, while many of the least developed countries had strengthened their domestic banking systems in recent years, which increased their resilience to modest, first-round shocks, a lengthy or severe crisis could create difficulties.

11. The least developed countries also remained relatively unscathed in the initial phases of the ensuing global economic slowdown because of their limited involvement in trade in manufactures. Until 2008, oil- and commodity-exporting least developed countries received a substantial boost from the escalation in the prices of those goods. The commodity boom was widely expected to continue, but the recession in the developed countries is affecting the least developed countries through the reduction in the demand for their exports. According to the International Monetary Fund, world trade volume will decline by 11 per cent in 2009. This will adversely affect the development of the least developed countries. In addition, as the economic slowdown has migrated from the developed to the more advanced

¹ See Food and Agriculture Organization of the United Nations, Food Price Indices (available at www.fao.org/worldfoodsituation/foodpricesindex/en), accessed on 13 April 2009.

developing countries and as the decline in demand for manufactures has been translated into reduced demand for energy and raw materials, the prices of oil and commodities have declined precipitously. The drying up of credit, including trade finance, is having a further impact on the trade performance of the least developed countries. Just as their sound export performance contributed significantly to improved growth in the least developed countries in recent years, reduced export earnings are leading to widening current account deficits, depletion of international reserves, currency depreciation and reduced economic growth.

12. In a few of the least developed countries, as part of their efforts to diversify their economies, tourism has been developed into an important source of foreign revenue and domestic employment. However, tourism is sensitive to changes in incomes, particularly in the developed countries, and is therefore likely to be seriously adversely affected by the economic crisis. Evidence shows that the tourism sector in several of the least developed countries has already been adversely affected by the global economic and financial crisis.

13. Foreign direct investment (FDI) is serving as another channel for transmission of the global crisis to the least developed countries. With lower commodity prices, including for oil, more limited access to financing and the overall economic slowdown, global FDI flows are likely to decline, and competition for such investment among countries is likely to intensify. In the least developed countries, the oil and mineral sectors, having previously been the major beneficiary of FDI inflows, are likely to be the most affected.

14. Inflows of remittances from migrant workers from the least developed countries in other countries have become an important source of development finance for their home countries and of general income for their families. For the least developed countries as a group, recorded inflows of remittances exceed official development assistance (ODA) (see annex, table 3); informal transfers probably add considerably to this amount. For a handful of the least developed countries, remittances from workers have become a larger source of foreign exchange earnings than exports; in a few cases, they are equivalent to as much as a quarter of gross domestic product (GDP).

15. The large, worldwide job reductions, particularly for semi- and low-skilled workers, are reducing demand for migrant labour. More restrictive immigration policies in some developed and developing countries are also contributing to this. Often with limited social protection in their countries of work, some migrants have already returned home after becoming unemployed, adding to the number of jobless in their own countries.

16. At the early stage of the downturn in the developed countries, remittances were more resilient than other financial flows, but anecdotal evidence suggests that the flow of remittances has declined substantially, despite the desire of migrants to maintain or increase transfers to their families during a time of crisis. This potential decrease could cause severe hardships for poor households that depend on remittances for their livelihood.

17. Most of the least developed countries, except the oil-exporting countries, rely heavily on ODA to fill their external resource gaps. ODA also funds a large part of the fiscal deficit in most cases. Higher ODA flows in recent years have enabled the least developed countries to increase investments in health, education and social

protection. Faced with the need to finance large fiscal deficits in their own countries, most developed countries are under intense budgetary pressure during the economic crisis. Despite universal recognition of the need to maintain and increase ODA flows, there is a risk that such assistance to the least developed countries may be reduced during the crisis. This will set back progress by those countries towards the Millennium Development Goals and towards the targets of the Brussels Programme.

18. Improved macroeconomic management in the least developed countries initially contributed to reducing the effects of the initial phases of the sequence of external crises. Most of the least developed countries had improved their fiscal situations and had fiscal deficits that were relatively small. Many commodity-exporting least developed countries had refrained from spending all their gains in public revenue when commodity prices rose; some had established stabilization funds and several, particularly the oil-producing countries, had accumulated large foreign exchange reserves. Such precautionary measures initially enabled some of the least developed countries to avoid making sudden cutbacks in public expenditures when commodity prices and fiscal receipts fell.

19. With the deepening of the crisis, the least developed countries would like to be able to emulate the example of the developed countries by easing monetary policy and adopting counter-cyclical fiscal measures. However, the least developed countries have less scope for monetary and fiscal measures than most other countries, and such measures are likely to be less effective than elsewhere. External pressures require the least developed countries to be prudent in both areas. Furthermore, narrow domestic financial markets limit the scope and effectiveness of monetary policy changes, while fiscal policy has less impact because Government revenues and expenditures make up lower proportions of GDP. In particular, automatic stabilizers are unlikely to play such a significant role; to the contrary, there is a risk that fiscal outcomes will exacerbate the situation. For example, many of the least developed countries are more reliant than other countries on taxes on international trade. The collapse of export earnings has reduced Government revenues and may require Government expenditures to be cut at a time when the need is for them to be increased.

20. The global downturn is putting the hard-won progress towards fiscal sustainability in jeopardy from both the revenue and expenditure sides. With high levels of public debt in many cases, limited domestic financial markets and restricted access to international capital markets, the Governments of the least developed countries have limited ability to finance through borrowing the increase in expenditure required to meet the Brussels Programme commitments and the Millennium Development Goals.

21. There is a very high risk that much of the hard-won progress in implementing the Brussels Programme and working towards the Millennium Development Goals will be lost for reasons beyond the control of the countries themselves. As a manifestation of its support of the least developed countries, it is incumbent on the international community to ensure that this does not occur.

22. As an important step in this direction, the leaders of the Group of 20, at their meeting on 2 April 2009, agreed to provide \$50 billion to support social protection, boost trade and safeguard development in low-income countries and to provide \$6 billion of additional concessional and flexible finance for the poorest countries

over the following two to three years. Measures for social protection in the poorest countries would include investing in long-term food security and providing additional resources through the World Bank.²

23. At its meeting on 26 April 2009, the World Bank/IMF Development Committee recognized the need to translate those commitments and others into concerted action and additional resources. It urged all donors not only to accelerate delivery of increased aid commitments but also to consider going beyond existing commitments.

24. The international financial institutions are playing a central role in this process. The World Bank has expanded its Global Trade Finance Programme and launched two new facilities: the Vulnerability Financing Facility and a Global Trade Liquidity Programme. It has also established an Infrastructure Recovery and Assets Platform. The IMF has agreed to double the borrowing limits under its Poverty Reduction and Growth Facility and its Exogenous Shocks Facility to help low-income countries severely affected by the global economic downturn. It is also discussing raising additional resources for concessional lending to low-income countries over the medium term.

III. Implementation of the Brussels Programme of Action

Commitment 1

Fostering a people-centred policy framework

25. From 2004 to 2007, the least developed countries as a group achieved an average growth rate of 7 per cent annually (see annex, table 4). In 2008, growth decelerated to 6.4 per cent but nevertheless remained better than the aggregate for all other developing countries. The global crisis is expected to cause growth in the least developed countries to fall even more in 2009.

26. Divergence in growth among the least developed countries remains pronounced and is mirrored in most other economic and social indicators. Each year between 2004 and 2007, about a quarter of the least developed countries, mostly oil- or mineral-exporting countries, achieved annual growth of more than 7 per cent. In contrast with previous periods, there were few instances of countries experiencing an annual decline in output but there were several where growth was less than 3 per cent. In most cases, this was a consequence of political unrest or conflict.

27. Despite population growth of 2.4 per cent per annum, the average rate of growth of GDP per capita in the least developed countries exceeded 5 per cent during the middle years of the decade (see annex, table 4). In each year from 2005 to 2007, about half of the least developed countries increased per capita output by at least 3 per cent. There were, however, several instances of annual declines in per capita GDP, and this was not exclusively in countries suffering unrest.

28. The most recent data suggest that the impact of growth on poverty in the least developed countries was greater than previously surmised. In 2008, the World Bank issued a new series of internationally comparable poverty data, based on a new international poverty line of \$1.25, measured in terms of 2005 purchasing power

² See <http://www.g20.org/Documents/final-communique.pdf>.

parity.³ Data for about two thirds of the least developed countries confirm their continued high poverty rates but also show that progress, while limited, has been made in reducing poverty. Moreover, progress has accelerated. In the World Bank sample of least developed countries, the proportion of people living on less than \$1.25 a day fell from 63 per cent in 1990 to 60 per cent in 1999 and, further, to 53 per cent in 2005 (see annex, table 4). Nevertheless, the reductions in poverty were small in relation to the magnitude of the problem. In 2005, the poverty rate was more than 30 per cent in 32 of the 36 least developed countries for which the World Bank had estimates.

29. National poverty estimates are available for fewer countries but show a similar pattern for recent years. The favourable trend is almost universal across countries — the rate of extreme poverty declined in all but 3 of the 25 countries with data for both the 1990s and since 2000, and about two fifths of the sample had extreme poverty rates below 50 per cent in 2005, compared with one fifth in the 1990s (see annex, table 2). With the rapid growth of GDP per capita in 2006-2007, it may be assumed that there was a further reduction in poverty until the onset of the crises.

30. The World Bank estimates that higher food prices initially increased the number of people living in poverty worldwide by 200 million and that about half of those would remain in poverty in 2009 despite the moderation in food prices. The Bank further estimates that, because of the global economic slowdown, the number of people living in extreme poverty would be 55 million to 90 million more than expected before the crisis.⁴ Since the least developed countries were among the hardest hit by the crisis, they would be expected to account for a disproportionately large number of these additional poor people.

31. Until 2007, malnutrition had declined in most of the least developed countries, but it remained pervasive in about one fifth of them. Within the general population, malnutrition remained acute among children under five years of age in more than one third of the least developed countries. The food crisis exacerbated this unacceptable situation considerably; the Food and Agriculture Organization of the United Nations (FAO) estimated that higher food prices increased the number of chronically hungry people in the world by about 15 per cent (an additional 115 million) in 2007 and 2008, and it expects that the number will rise further in 2009. It must be expected that the relative increase in the least developed countries was greater than the global average. The global economic crisis is lowering incomes and reducing the food consumption of the poor, further increasing the number of people suffering from hunger and malnutrition.

Commitment 2

Good governance at the national and international levels

32. Most of the least developed countries have taken measures to promote democracy and improve governance. Elections that meet international standards are increasingly becoming the norm in the least developed countries. In several instances, there has been an increase in the proportion of seats held by women; in a number of the least developed countries, the female share exceeds 30 per cent, partially because of quotas for women.

³ See <http://firesearch.worldbank.org/PovcalNet/jsp/index.jsp>.

⁴ World Bank, *Global Monitoring Report 2009* (Washington, D.C., 2009), p. 2.

33. Most of the least developed countries have taken measures to strengthen their ownership of the formulation and implementation of their development policies. The practice of adopting poverty reduction strategy papers was a preliminary step in this direction. With the second generation of such papers, the least developed countries began to exercise even greater ownership and leadership over their development strategies. An important feature of progress has been the increased involvement of non-State actors, including the private sector, non-governmental organizations and others.

34. Governance and ownership are also being strengthened through a number of multilateral initiatives. In accordance with the Paris Declaration on Aid Effectiveness, many of the least developed countries have developed comprehensive national development strategies. In Africa, 24 least developed countries have joined the African Peer Review Mechanism of the New Partnership for Africa's Development. The African Peer Review Mechanism process involves the active participation of all stakeholders in the formulation, implementation and monitoring of a national programme of action. Six countries have completed all stages of the African Peer Review Mechanism and are implementing their programmes of action.

35. In 2007, a World Bank evaluation⁵ showed that 23 out of a sample of 37 least developed countries had taken actions to develop an operational national development strategy, but only six countries had such a framework in place. It concluded that weak institutional and administrative capacities constrained the least developed countries from exercising effective ownership and leadership of their development programmes. Similarly, the 2008 survey by the Organization for European Cooperation and Development (OECD) monitoring the Paris Declaration showed that, although countries had taken measures to strengthen ownership of their development strategies, progress was slow. The Accra Agenda for Action (A/63/539, annex), a follow-up to the Paris Declaration, called for more efforts to strengthen country ownership by broadening country-level policy dialogue, strengthening the capacity of developing countries to lead and manage development and maximizing the use of the systems of developing countries.

36. Many of the least developed countries have adopted measures to eliminate corruption, including the establishment of autonomous and independent anti-corruption commissions. The 2008 Transparency International Corruption Perceptions Index indicated that corruption was being reduced, albeit slowly, in many of the least developed countries. As part of this process and as indicated in last year's report, several of the least developed countries have signed the Extractive Industries Transparency Initiative, but only three have met the Initiative's first four validation indicators and are considered candidate countries for the Initiative.⁶ None of the least developed countries is compliant with the Initiative yet.

Commitment 3

Building human and institutional capacities

37. Most of the least developed countries continue to make progress towards universal primary education, although enrolment has decreased in some of the least

⁵ See World Bank, *Results-Based National Development Strategies: Assessment and Challenges Ahead* (Washington, D.C., 2007).

⁶ See Extractive Industries Transparency Initiative, Progress report 2007-2009, available at <http://eitransparency.org>.

developed countries where it was previously high (see annex, table 5). Progress in raising primary completion rates has been more modest. Some countries have achieved gender parity in primary education; in a few cases, there are now more girls than boys in primary school.

38. The number of children under the age of 15 in the least developed countries is forecast to increase by more than 50 million between 2008 and 2015. Most of the least developed countries therefore face a two-dimensional educational challenge of raising the enrolment ratio in a school-age population that is itself growing. In contrast, most other developing countries expect little or no growth in their under-15 population and are much closer to achieving, or have already achieved, universal primary education.

39. Secondary school enrolment rates are still well below 50 per cent in most of the least developed countries and are showing only small improvements. There are also wider gender disparities among countries in secondary education than there are in primary education, although in some countries there are more girls than boys in secondary school.

40. The economic crisis is likely to have an adverse impact on school enrolment. Lower family incomes will reduce the ability to meet any educational costs; they may also force families to take children out of school to supplement family earnings, either directly or indirectly. On the supply side, fiscal constraints may have a negative impact on public expenditures on education.

41. Progress in reducing mortality among infants and children under 5 years of age has been mixed, ranging from substantial improvements in a few countries to a marked deterioration in others (see annex, table 6). In sub-Saharan Africa, the proportion of children between the ages of 12 months and 23 months vaccinated against measles, a simple proven means of reducing childhood deaths, rose from 55 per cent in 2000 to 72 per cent in 2006.⁷ On the negative side, HIV/AIDS is limiting progress in reducing under-5 mortality in some countries. Because of the impact of the crisis on health programmes, the World Bank estimates that between 200,000 and 400,000 more babies could die each year if the crisis persists; a significant proportion of these would be in the least developed countries.

42. The rate of maternal mortality varies widely among the least developed countries, ranging from 120 to 2,100 per 100,000 births (see annex, table 7). In most of the least developed countries, there remain high unmet needs for family planning, skilled care at birth and emergency obstetric care. The economic crisis is likely to result in an increase in maternal mortality because of higher malnutrition. Moreover, unless additional resources become available, public health services, including those for women, are likely to deteriorate because of fiscal pressures.

43. There has been some, but not universal, progress made in reducing HIV infections, but its prevalence in many of the least developed countries remains very high (see annex, table 8). In some countries, prevention is still not a priority, and efforts do not always match the scale and patterns of the epidemic. In contrast, access to treatment is increasing rapidly. With substantial international support, many of the least developed countries have been able to increase significantly the number of people receiving antiretroviral therapy. Nevertheless, there is still a large

⁷ See United Nations, *The Millennium Development Goals Report 2008* (New York, 2008), p. 21.

number of people, often a majority of those affected, without access to such therapy in many of the least developed countries. Antiretroviral therapy has increased the number of AIDS patients who are able to work and the hours they work, bringing economic and other benefits to their families. Encouragingly, experience in some countries has demonstrated that universal access to treatment is feasible if prevention keeps HIV prevalence low.

44. The increase in HIV/AIDS prevalence has raised the incidence of tuberculosis in several of the least developed countries (see annex, table 9): many of the least developed countries with the highest tuberculosis incidence rates also have high HIV/AIDS prevalence rates. Directly Observed Treatment Strategy programmes have improved the success of tuberculosis treatment, sometimes substantially, in a number of the least developed countries.

45. Malaria continues to account for a high proportion of childhood deaths in many of the least developed countries, but the increasingly widespread use of insecticide-treated nets is reducing the incidence of malaria in children.

46. The least developed countries have made advances in gender equality and the empowerment of women. An increasing number of the least developed countries have adopted gender goals in their national development plans. Progress is mixed, however, and greater efforts need to be made to promote equal access to education, health services, employment, productive assets and participation in political decision-making. The gender dimension should also be embodied in discussions on the effects of and responses to the crisis. Women are less able to cope with and overcome crises than men because they have less access to and control over resources and they experience gender-based vulnerabilities that are likely to become more acute in the crisis, including restricted legal benefits and protections, a lack of decision-making authority and limited control of financial resources.

Commitment 4

Building productive capacities to make globalization work for the least developed countries

47. Since 2000, most of the least developed countries have continued their broad economic reforms and have taken a variety of steps to increase domestic and foreign investment, including the provision of incentives to domestic and foreign investors. Reforms by the least developed countries have contributed to substantial and widespread progress in raising their investment rates. The ratio of gross fixed capital formation to GDP for the group as a whole rose from 16 per cent in 2000 to exceed the Brussels Programme target of 25 per cent by two percentage points in 2007 (see annex, table 10). The rate of investment in the oil-producing least developed countries increased substantially and also rose in all other individual least developed countries outside Africa, with the exception of two Pacific countries. Among the non-oil-exporting least developed countries in Africa, the rate rose in 14 countries and exceeded the target in 9, but it was in the single digits in 4 of those countries.

48. Part of the increase in the investment rate is attributable to FDI in the least developed countries, which increased by 150 per cent between 2000 and 2007 (see annex, table 3). Although concentrated in resource-rich countries, almost all of the least developed countries have succeeded in attracting increased FDI in recent years. These inflows have included investments from other developing countries.

49. The telecommunications and information technology sector has recorded rapid growth in most of the least developed countries (see annex, table 11). This sector has the advantage that it not only provides income and employment in the short term, but it also is an important element of the supporting infrastructure for business. In this instance, the digital revolution has enabled the least developed countries to leapfrog more advanced countries and avoid investing in land-based telephone systems and other obsolete technologies.

50. The service sector has been an important avenue for diversification in a number of the least developed countries. Some countries without mineral wealth have been able to exploit the advantages of their natural environment by developing the tourism sector. The number of visitors to the least developed countries jumped by almost 50 per cent between 2000 and 2005 and has since risen further. Although the least developed countries account for only about 1 per cent of total international tourism, it is one of the few sectors in which they have increased their share of world economic activity and it has served as the main engine for development in a number of them. As indicated above, however, the economic crisis is threatening this dynamic growth.

Commitment 5

Enhancing the role of trade in development

51. Although the least developed countries account for less than 1 per cent of world trade, international trade plays a major role in the development of the least developed countries, accounting for about 50 per cent of the GDP of the least developed countries as a group. In nominal terms, the value of merchandise exports from the least developed countries increased from \$83.3 billion in 2005 to \$128.5 billion in 2007, while imports increased from \$87.9 billion to \$101.4 billion during that same period, resulting in a positive trade balance. The rapid growth of export revenue has been due largely to higher prices for least developed country commodity exports (especially oil), while higher food and oil prices have contributed substantially to increasing import values.

52. Some least developed countries have made progress in diversifying their exports. Horticultural exports, including fresh flowers, plants, fruits and vegetables, have become an important source of export earnings for some least developed countries in sub-Saharan Africa; the same applies to textiles from some Asian least developed countries. Least developed countries have also increased their export earnings from fish and fishery products.

53. In many instances, least developed country exports benefit from preferential trading schemes, including the Everything but Arms initiative of the European Union and, for African least developed countries, the African Growth and Opportunity Act of the United States of America. Other developed countries also accord preferential treatment to the least developed countries. The proportion of total developed-country imports from the least developed countries admitted duty-free improved marginally in 2007 (see annex, table 12). This total has two components: tariffs reduced to zero under most-favoured-nation treatment and those reduced under "true" preferential treatment. Despite a small decline in 2007, more than 50 per cent of least developed country exports benefited from true preferential access, compared with only 35 per cent in 2000. The proportion of least developed

country exports entering duty-free under most-favoured-nation treatment has fallen since 2000, but rose slightly in 2007.

54. Within these averages, the situation differs widely among the least developed countries. African and island least developed countries have duty-free access for almost all their exports to developed countries, whereas only about two thirds of Asian least developed country exports enjoy duty-free access because of tariffs on textiles and clothing. The rapid growth of such exports after quotas were lifted in 2004 significantly reduced the global volume of duty-free imports.

55. It is not only the absolute levels of tariffs and preferences that are important for the least developed countries, but their relationship to the measures applied to other developing countries as well. In the case of textiles and clothing, the margin of preference of the least developed countries has been eroded and no longer provides a significant advantage. Clothing, the most labour-intensive manufactured product, remains subject to the highest tariffs (6.4 per cent on average) and provides the least developed countries with the lowest preference margin vis-à-vis other developing countries. Nevertheless, the preferential tariffs imposed on the agricultural exports of the least developed countries to developed countries fell further in 2007 and are now more than six percentage points less than those from other developing countries.

56. These indicators depict a best-case scenario, in which exporters utilize the available benefits. However, prerequisites such as eligibility criteria, non-tariff measures, restrictive rules of origin and administrative procedures make it difficult for the least developed countries to take full advantage of some of these trade preferences, with the result that the utilization rate is between only 80 and 90 per cent. In addition, least developed country exports continue to face non-tariff barriers in some areas, notably agricultural subsidies in developed countries. Some of the early stimulus measures adopted by other countries in response to the economic crisis incorporated additional protectionist elements.

57. The booming trade among developing countries that prevailed until the beginning of the crisis often meant that regional trade agreements offered least developed countries the best opportunities for diversifying and increasing their exports. Most least developed countries are members of one or more such agreements, which include non-least developed countries. However, multiple membership raises the possibility of conflicting international commitments, which individual least developed countries may have difficulty resolving.

Commitment 6 **Reducing vulnerability and protecting the environment**

58. Their low level of development means that the least developed countries emit far less greenhouse gases per capita than other countries and therefore contribute the least to climate change.⁸ Nevertheless, as with globalization, least developed countries are more vulnerable than other countries to the effects of climate change for several reasons. Firstly, many of them, such as small islands, low-lying coastal States and the least developed countries in sub-Saharan Africa, are expected to be

⁸ Reflecting their low energy intensity, the least developed countries' share of cumulative greenhouse gas emissions between 1995 and 2005 (0.4 per cent) was even less than their share of GDP.

the most exposed to the anticipated consequences of global warming, such as a rise in sea level in some areas and drought in others. Secondly, this vulnerability will be increased because agriculture, the sector most affected by climate change, accounts for such a large proportion of their economies. Thirdly, as least developed countries, they have the least capacity to adapt to climate change. Reflecting this vulnerability, there are 15 least developed countries in the last 20 of 149 countries ranked according to various environmental indicators, including environmental health, air pollution, water resources and climate change.⁹

59. Climate change has already slowed development in some least developed countries. Strong weather patterns have resulted in flash floods, drought, tornadoes and other violent weather, adversely affecting the availability and price of food and development more generally. Rising sea levels are already affecting many island and coastal least developed countries. The agricultural sector, particularly in African least developed countries, has suffered from severe droughts and floods due to shifting rainfall patterns caused by climate change. This has worsened food insecurity, exacerbated poverty and led to serious social and economic dislocation in many countries. Climate change is already causing many people to migrate, either within their countries or abroad. According to some estimates, there will be up to 50 million environmentally displaced people by 2010, many of whom will originate from the least developed countries. Such movements, and the forces driving them, increase the risk of political instability and internal or cross-border conflict.

60. The imbalance between the minimal contribution of the least developed countries to climate change and the heavy toll it exacts on them justifies the application of the principle of common but differentiated responsibility under the Kyoto Protocol. The least developed countries must focus on adapting to climate change and reducing their vulnerability to its effects, rather than on trying to mitigate it.

61. Least developed countries, which are particularly vulnerable to some of the direct consequences of climate change, are already endeavouring to become more climate-resilient by reducing their exposure to the consequences of climate change and by increasing their capacity to deal with it. Recognizing the special needs of the least developed countries for funding and transfer of technology for these purposes, the Conference of the Parties to the United Nations Framework Convention on Climate Change established the Least Developed Countries Fund and the Least Developed Countries Expert Group in 2001, with a view to providing technical guidance and advice to the least developed countries in the preparation and implementation of national adaptation programmes of action. As at March 2009, 48 least developed countries had received funding to prepare such programmes and 39 had submitted such programmes to the secretariat of the United Nations Framework Convention on Climate Change.

62. Resources to implement national adaptation programmes of action projects are scarce, however. It is estimated that at least \$2 billion will be required to implement adaptation programmes over the next five years, but the Least Developed Countries Fund has raised only \$172 million since its inception. Only three projects had been approved under adaptation programmes by March 2009. To date, the least developed countries have received almost no resources from the Clean Development

⁹ See the 2008 Environmental Performance Index produced by Yale and Columbia Universities.

Mechanism. However, the Adaptation Fund, which is expected to raise funds from a levy on credits generated by the Mechanism, should make more resources available. Nevertheless, it is generally agreed that overall resources will fall far short of needs.

63. With sufficient resources and technology transfer, adapting to climate change can be turned into an opportunity to create a new approach to development based on sustainability. Applying improved agricultural practices, adopting clean technologies, enhancing energy efficiency and making modern and clean energy available to the poor would help to simultaneously fight climate change and promote development.

Commitment 7

Mobilizing financial resources

64. Domestic savings in the least developed countries increased from 13 per cent of GDP in 2000 to 21 per cent in 2007, but there were wide divergences within the group. The highest, and generally increasing, domestic savings rates were found in the oil- and mineral-exporting least developed countries, while savings rates declined in about half of the least developed countries; some countries had negative savings rates. Most least developed countries therefore continue to depend on external resources and, in some cases, on domestic consumption, to finance their development needs.

65. Since the adoption of the Brussels Programme, flows of ODA to the least developed countries have increased from less than \$13 billion in 2001, to \$30 billion in 2006 and to \$32 billion in 2007. OECD estimates that total ODA increased by over 10 per cent in 2008; consequently, ODA to the least developed countries can be expected to have increased further. ODA to the least developed countries also grew as a percentage of the gross national income of the OECD countries, from 0.05 per cent in 1996-1997 to 0.09 per cent in 2007, but remained short of the Brussels Programme target of between 0.15 and 0.20 per cent. Within the total, only 8 of the 22 Development Assistance Committee countries met the target (see annex, table 13).

66. Two thirds of the least developed countries are in Africa. At the Gleneagles Summit in 2005, members of the Group of Eight (G-8) made a number of commitments to increase financial resources to Africa through a variety of means, including traditional development assistance, debt relief and innovative financing mechanisms. The G-8 undertook to increase ODA to Africa by \$25 billion a year by 2010, more than doubling the level committed in 2004. According to OECD, ODA to Africa increased only from \$35 billion in 2004 to \$42 billion in 2008. With only two years to go, it remains far short of the target of \$65 billion for 2010. In this regard, and to be consistent with their Gleneagles commitments, the G-8 countries must make substantial efforts to increase aid to Africa.

67. Donors are making efforts to increase the developmental impact of aid through the implementation of the Paris Declaration on Aid Effectiveness and are using seven indicators to measure progress. Following a review of a second round of monitoring of the Declaration by the Third High-level Forum on Aid Effectiveness, ministers and heads of development agencies adopted the Accra Agenda for Action in September 2008. The key thrusts of the Agenda are commitments by donors to provide advance information on their planned aid to partner countries, to use partner country systems to deliver aid, to use the developing countries' own development objectives as a framework for their assistance and to untie aid.

68. By May 2008, progress in Africa was greatest in donor coordination and the alignment of technical assistance with country programmes, while in Asia most progress was made in the untying of aid.¹⁰

69. A number of other developing countries are becoming an increasingly important source of external financial support for the least developed countries, particularly for the rehabilitation and development of critical infrastructure, such as roads and power. China, India and some oil-exporting developing countries are among those increasing their assistance.

70. Further progress has been made in reducing the burden of external debt on the least developed countries, mostly through the Heavily Indebted Poor Countries Initiative and the Multilateral Debt Relief Initiative. Since the previous report of the Secretary-General, one more least developed country has reached the decision point and another the completion point under the Heavily Indebted Poor Countries Initiative, but five remaining least developed countries have yet to reach the decision point. Measured in terms of net present value at end-2007, debt relief provided to the least developed countries under the Heavily Indebted Poor Countries Initiative totals over \$36 billion; more than a further \$15 billion has been provided under the Multilateral Debt Relief Initiative (see annex, table 14).

71. As a result of debt relief and the rapid growth of exports, the debt service ratio for the least developed countries declined from 11.6 per cent in 2000 to 6.8 per cent in 2007. However, with the weakening of commodity prices and falling export revenues, debt service ratios for a number of least developed countries, including some of those who have reached their Heavily Indebted Poor Countries Initiative completion point, are starting to deteriorate.

IV. Activities of the United Nations system relating to least developed countries

72. As in previous years, all entities in the United Nations system continued to give high priority to the least developed countries, individually and as a group. Quantitatively, expenditures by the United Nations system on operational activities in the least developed countries more than doubled between 2002 and 2007 (see annex, table 3). The least developed countries account for about one third of all such flows (see A/63/71-E/2008/46, figure X), but the proportion varies considerably by agency and, to a lesser extent, over time. For example, between 2002 and 2007, the proportion of WFP expenditures in the least developed countries ranged from 50 per cent to almost 70 per cent. Reflecting the priority attached to the least developed countries by the United Nations system, the 10 countries with the highest ratio of United Nations system expenditures to gross national income in 2006 were all least developed countries; in terms of expenditure per capita, 7 of the top 10 were least developed countries.

73. These activities took a wide variety of forms, from high-level policy advice to food aid delivered directly to the poor. Nevertheless, heavy emphasis was placed on physical and human capacity-building, provided through investment projects, advisory services and training in the wide-ranging areas of specialization of the

¹⁰ OECD/DAC, *Development Co-operation Report 2008* (Paris, 2008).

respective agencies. Some agencies finance such activities from special funds or programmes for the least developed countries or for other country groups that include many of the least developed countries. Among these, the United Nations Capital Development Fund is unique as it operates exclusively in the least developed countries.

74. One notable vehicle for United Nations system support to the least developed countries is the Enhanced Integrated Framework for Trade-related Technical Assistance. Since last year's report, the activities of the Framework have gained momentum. By March 2009, 45 countries were participating in the Framework; Diagnostic Trade Integration Studies and validation workshops had been completed for 30 countries and a further 13 countries were in the earlier stages of this process.

75. At the global policy level, and of particular relevance to the least developed countries because of their difficult food situation, in April 2008 the Secretary-General created a High-level Task Force on the Global Food Security Crisis, comprising members of the United Nations system, the Bretton Woods institutions and other relevant organizations. The comprehensive framework for action prepared by the Task Force identified options for tackling all aspects of food security, including food aid and nutrition, smallholder farming and agriculture, local and regional food markets and global trade. In December 2007, as part of its response to the crisis, FAO launched the Initiative on Soaring Food Prices with the immediate aim of rapidly increasing food production during the 2008 and 2009 agricultural seasons, mainly by supporting direct access to inputs for smallholders.

76. The Doha Declaration on Financing for Development (General Assembly resolution 63/239), adopted at the Follow-Up International Conference on Financing for Development to Review the Implementation of the Monterrey Consensus, called upon developed countries that had not yet done so to make, in accordance with their commitments, additional concrete efforts towards the specific target of 0.15 to 0.20 per cent of GNP for ODA to least developed countries in line with the Brussels Programme. The Declaration also made several calls for special attention to be given to other needs of the least developed countries, notably in the area of international trade but also with respect to FDI and external debt.

V. Preparations for the Fourth United Nations Conference on the Least Developed Countries

77. The General Assembly, in its resolution 63/227, decided to convene the Fourth United Nations Conference on the Least Developed Countries at a high level in 2011. It also decided to convene an intergovernmental preparatory committee and regional preparatory meetings to be preceded by broad-based and inclusive country-level preparations. The Assembly decided that the United Nations Office of the High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States would be the focal point for the preparations for the Conference but also invited other United Nations system organizations, as well as the Bretton Woods institutions, the World Trade Organization and other relevant international and regional organizations, to provide support to the preparatory process and to the Conference itself. It called on resident coordinators and country teams to be fully involved in preparations for the Conference, in particular at the country and regional levels.

78. Tangible progress has been made in the preparations for the Conference on the basis of the Assembly's decisions. The Office of the High Representative has prepared a concept note to facilitate intergovernmental, regional and national preparations and to ensure the active involvement of all stakeholders in the preparatory activities. The concept note spells out the organizational approach, mandates and specific activities to be undertaken in the preparations for the Conference at the country, regional and global levels. It also highlights challenges facing the least developed countries, including high levels of poverty, lack of diversification and weak productive capacities, as well as threats posed by the converging food, energy and financial crises. A road map charts out the preparatory process leading to the Conference.

79. Particular attention has been given to ensuring that the main stakeholders, particularly the United Nations system and other international organizations, enjoy genuine ownership of the preparatory process. Thus, the concept note and the road map were presented to the first meeting of the inter-agency consultative group, convened by the Office of the High Representative in March 2008 at United Nations Headquarters in New York. Senior officials from more than 30 United Nations system and international organizations participated in the meeting and consulted on the conceptual, substantive and organizational aspects of the Conference, as well as on their respective contributions to the preparatory process. The meeting also consulted on the organization of pre-conference events to be sponsored by the United Nations system and other international organizations.

80. The inter-agency meeting served to launch the system-wide preparations for the Conference. The objective of these preparations is to ensure that the Conference attains practical and operational outcomes that will contribute effectively to the achievement of internationally agreed development goals and targets pertaining to the least developed countries, including those stated in the Millennium Declaration. The inter-agency meeting endorsed the concept note and the road map.

81. Steps have also been taken for national and regional preparations. General guidelines have been prepared to assist the least developed countries in the organization of national reviews, including the preparation of national reports. In preparing for national reviews, efforts are being made to exploit synergies between the review of the implementation of the United Nations Development Assistance Framework and the poverty reduction strategy paper, as well as between other country review mechanisms, such as UNDP round tables, World Bank consultative groups and others. The Office of the High Representative will undertake consultations and coordination with the United Nations Development Group to ensure that United Nations resident coordinators support Governments of the least developed countries in this regard. Consultations are also being undertaken by the Office with the regional commissions on the preparations and organization of two regional reviews, one for least developed countries in Africa and Haiti and another for those in Asia and the Pacific and Yemen.

82. The Office of the High Representative has been consulting with two potential host countries, Austria and Turkey, on the venue for the Conference. The Office has provided the respective Permanent Missions with information on the requirements for hosting a United Nations conference, as set out in the Guidelines for the Preparation of Host Government Agreements Falling under General Assembly Resolution 40/243 (ST/AI/342). In consultation with the potential host countries, the

Office has sought to underscore the expectations of the Least Developed Countries Group for the Conference, including high-level political commitments to the Conference and financial support for the participation of the least developed countries. In addition, the Least Developed Country Group and its Coordination Bureau have been informed about the preparations for the Conference.

VI. Conclusions and recommendations

83. Prior to 2008, improved national development policies, a favourable international economic environment and strengthened support from the international community combined to produce a period of unprecedented progress in the least developed countries. However, the global crises seem destined to reverse many of several years' hard-won successes in a very short time. Moreover, for the least developed countries, the global recession is not a short-term phenomenon; by disrupting the continuity of their growth, it will also hamper their long-term development. Looking further ahead, climate change threatens dire problems for the least developed countries unless extensive preparations are made.

84. The first and immediate concern must be to mitigate the effects of the global recession on the least developed countries. Secondly, efforts are needed to make the least developed countries more resilient to the development shocks caused by their increased integration into the global economy that is required for their development. Thirdly, the least developed countries, supported by their development partners, need to integrate actions that will mitigate the anticipated effects of climate change into their national development strategies.

85. Although food prices have declined somewhat, hunger has become even more widespread. The international community should ensure that sufficient resources are available to provide food to the most vulnerable people in the least developed countries and other countries with food deficits.

86. The global food crisis highlighted the fact that the least developed countries face not only short-term but also potential long-term food shortage. The least developed countries and their development partners need to implement short-, medium- and long-term measures to address this challenge.^{11,12} Particular attention should be given to research into varieties of crops that will be able to adapt to climate change in the most vulnerable countries.

87. The least developed countries have very little scope for mitigating the effects of the global recession on their economies and peoples without substantial additional external financial support. In the first instance, all development partners should honour all their existing commitments to increase their ODA, including those made at the G-8 Summit at Gleneagles in 2005, ensuring that they do not fall victim

¹¹ See, for example, last year's report of the Secretary-General on the Programme of Action (A/63/77-E/2008/61, paras. 81-86) and the report of the High-level Task Force on the Global Food Security Crisis.

¹² The present report was prepared prior to the seventeenth session of the Commission on Sustainable Development, which focused on Africa, agriculture, drought and desertification, land and rural development. The Commission's policy recommendations in each of these areas (to be included in the report of the session) are expected to contain additional recommendations relating to food.

to domestic budgetary pressures. Developing countries in a position to do so, such as oil-producing countries, should consider providing or expanding their support to the least developed countries.

88. In addition to this long-term development financing, the least developed countries require additional funding to avoid immediate economic hardship and massive human suffering. Development partners should respond by fully and promptly implementing the commitments they made at the most recent meetings of the Group of Twenty, the Development Committee and the International Monetary and Financial Committee.¹³

89. The recent sequence of crises underlines the fact that the various vulnerabilities of the least developed countries need to be given greater attention in development programmes, both by the least developed countries themselves and by their development partners. In most cases, this will require a diversification of their economies, which in turn will require investment in infrastructure and productive capacities. Governments of the least developed countries and their development partners should endeavour to sustain their long-term investment in infrastructure, but should continue to rely mainly on the private sector to identify and organize new investments in production facilities.

90. To encourage diversification in the least developed countries, all other countries, including other developing countries, should reduce trade barriers to exports from the least developed countries, including subsidies granted to their own exports and domestic production. In particular, they should ensure that efforts to address the economic crisis in their own countries do not involve the introduction of such measures. The most comprehensive way of achieving these goals would be a successful, development-oriented conclusion to the World Trade Organization Doha Round of trade negotiations.

91. Diversification will not be accomplished readily or quickly: through either choice or necessity, many least developed countries are likely to remain heavily commodity-dependent for some time. The least developed countries need to reduce their exposure to the volatility of primary commodity markets by enhancing arrangements to absorb the impact of short-term fluctuations in the domestic commodity sector itself, export earnings, Government revenue and in the economy as a whole.

92. Such measures are unlikely to completely eliminate the effects of commodity shocks and will be ineffective against generalized shocks, such as the present economic crisis. The least developed countries should use the experience of the present crises to lay the foundations for systems that will reduce the impact of future shocks on vulnerable groups.

93. The high rate of population growth in the least developed countries continues to intensify their development challenge, dilute achievements and increase vulnerability to shocks, particularly those such as the food crisis and climate change. The least developed countries should give increased attention to their commitment within the Brussels Programme (A/CONF.191/13, chap. II, para. 34) to making reproductive health accessible to all individuals of appropriate ages no later than 2015.

¹³ See [http://siteresources.worldbank.org/DEVCOMMINT/NewsAndEvents/22157091/FinalCommunique\(E\)042609.pdf](http://siteresources.worldbank.org/DEVCOMMINT/NewsAndEvents/22157091/FinalCommunique(E)042609.pdf).

94. The ongoing negotiations for a new international agreement on climate change should fully embrace and apply the principle of common but differentiated responsibility to the least developed countries.
95. The least developed countries should continue to prepare and implement national adaptation programmes of action for climate change, focusing on the needs of the most vulnerable groups and ecosystems.
96. Development partners, including other developing countries, should give urgent attention to increasing the funding for projects that will enable the least developed countries to adapt to climate change. Resources for this purpose should be additional to ODA flows. They could be obtained through mandatory contributions based, for example, on a country's level of carbon emissions.
97. These issues should be among those addressed in the context of the upcoming Fourth United Nations Conference on the Least Developed Countries. This Conference will be critical to restoring the momentum of development to the world's most vulnerable countries and to providing hope for many of the world's poorest people. To facilitate the preparatory process for the Conference, the General Assembly should decide on the pending organizational aspects of the Conference, including the schedule of meetings for the Intergovernmental Preparatory Committee and the venue of the Conference itself.

Annex

Least developed countries: statistical data

Explanatory notes to tables

1. Years separated by a hyphen (such as 1995-2000) normally indicate data based on averages in the period shown. Years separated by a slash (such as 2000/07) indicate data are shown for the latest year available in the period or, in the case of years before 2000, a mid-point where data are available within the period indicated.
2. Numerical figures may not add up to totals due to rounding.
3. .. (two dots) indicates that data are not available.
4. — (dash) indicates that the amount is nil or negligible.

Table 1
Global economic environment for the least developed countries, 2000-2008

	2000	2001	2002	2003	2004	2005	2006	2007	2008
Economic growth (per cent per year, weighted average)									
World	4	1.4	1.8	2.7	4	3.2	4	3.8	2.5
Developed countries	3.5	1.1	1.2	1.8	3.2	2.4	2.9	2.5	1.2
Developing countries, excluding LDCs	5.6	2.8	4.3	5.1	7.1	6.8	7.1	7.5	..
World trade	10.8	-0.9	3	6.4	11	7.1	8.8	6.3	4.4
International commodity prices (index: 2000 = 100)									
Oil	100	87	88	102	134	189	228	252	392
Non-oil commodities — dollar index	100	96	97	105	126	141	184	207	276
– Food	100	103	102	104	119	127	151	164	247
– Tropical beverages	100	79	89	94	100	126	134	148	186
– Vegetable oilseeds and oils	100	94	117	137	155	141	148	226	335
– Agricultural raw materials	100	96	94	112	127	132	152	169	216
– Minerals and metals	100	89	87	98	137	173	278	313	365
– Manufactured exports	100	98	99	108	117	119	123	133	139

Source: United Nations, *World Economic Situation and Prospects*, various issues (available at www.un.org/esa/policy/wess/wesp.html); United Nations Conference on Trade and Development, *Monthly Commodity Price Bulletin*.

Table 2
Poverty and hunger

Least developed country	Population poverty rate (percentage)			Food insecurity			Refugees internally displaced people ^a			Life expectancy	
	International purchasing power parity dollar income of 1.25 per day or less			Proportion of population undernourished (percentage change)			Pop. growth, % per year			Years at birth	
	1990/89	2000/07	1998/04	1990/92	2003/05	1990 to 2005	2006	2007	2007	2003-2010	1995-2010
Africa											
Angola	..	54	..	66	46	-20	2.9	14.9	187.0	43	2
Benin	..	47	29	28	19	-9	3.2	8.1	0.4	57	2
Burkina Faso	71	57	46	14	10	-4	3.1	1.1	0.8	52	2
Burundi	86	81	68	44	63	19	4.0	32.0	382.8	50	4
Central African Republic	83	62	..	47	43	-4 *	1.8	206.5	99.4	45	-1
Chad	..	62	..	59	39	-20	3.2	472.9	58.4	51	-1
Comoros	..	46	..	..	..	..	2.5	..	0.1	65	5
Democratic Rep. of the Congo	..	59	..	29	76	47 *	3.2	1 495.4	406.7	47	4
Djibouti	5	19	..	..	..	..	1.8	7.1	0.7	55	2
Equatorial Guinea	..	..	..	..	..	..	2.5	..	0.4	52	3
Eritrea	..	..	..	67	68	1 *	3.7	7.1	221.0	58	5
Ethiopia	61	39	44	71	46	-25 *	2.6	285.4	89.3	53	4
Gambia	67	34	61	20	30	10	2.8	14.9	2.3	59	4
Guinea	93	70	..	19	17	-2 *	2.0	29.3	10.2	56	5
Guinea-Bissau	52	49	66	..	..	..	3.1	8.2	1.3	46	2
Lesotho	56	43	68	15	15	..	0.7	..	-0.05	43	-13
Liberia	..	84	..	..	40	..	4.0	10.6	95.1	46	4
Madagascar	73	68	71	32	37	5	2.8	..	0.2	59	4
Malawi	83	74	65	45	29	-16	2.6	9.7	8.3	48	1
Mali	86	51	64	14	11	-3	3.1	11.1	5.1	55	5
Mauritania	43	21	46	10	8	-2	2.7	30.5	34.1	64	4
Mozambique	81	75	54	59	38	-21	2.1	6.9	0.9	42	-4
Niger	78	66	..	38	29	-9	3.6	0.3	1.1	57	6
Rwanda	..	77	60	45	40	-5	2.5	54.3	89.2	46	10
Sao Tome and Principe	..	34	..	..	..	..	1.6	..	-0.05	66	2
Senegal	54	53	..	28	26	-2	2.6	22.9	16.8	63	3
Sierra Leone	63	..	70	45	47	2	2.8	9.0	36.8	43	3
Somalia	..	..	..	..	..	..	3.0	1 309.6	473.8	48	4

Least developed country	Population poverty rate (percentage)			Food insecurity			Refugees, internally displaced people ^a			Life expectancy	
	International purchasing power parity dollar income of 1.25 per day or less			Proportion of population undernourished (percentage)			Food insecurity (percentage change) (1990 to 2003)			Years at birth	
	1990/99	2000/07	1998/04	1990/92	2003/03	1990/92	2003/03	2006	2007	2005/2010	1995/2010
Sudan	..	..	..	..	21	..	..	2.2	5 130.0	54.4	59
Togo	..	39	..	45	37	..	-8	2.7	1.5	23.8	58
Uganda	64	52	38	19	15	..	4	3.3	1 470.7	24.5	52
United Republic of Tanzania	73	89	36	28	35	..	7	2.5	435.9	4.2	53
Zambia	65	64	68	40	45	..	5	1.9	113.0	0.7	42
Asia											
Afghanistan	..	..	..	..	..	..	..	4.1	153.7	3 074.2	44
Bangladesh	59	50	50	36	27	..	-9	1.8	27.6	17.6	64
Bhutan	..	26	..	..	..	..	..	1.8	..	112.2	66
Cambodia	49	40	35	38	26	..	-12	1.7	0.4	18.1	60
Lao People's Democratic Republic	49	44	33	27	19	..	-8	1.7	..	10.2	64
Maldives	..	..	..	..	..	..	..	1.6	..	-0.05	69
Myanmar	..	..	..	44	19	..	-25	0.9	1 174.6	210.3	62
Nepal	68	55	31	21	15	..	-6	2.0	982.5	5.5	64
Timor-Leste	..	53	..	..	..	..	..	4.4	62.6	-0.05	61
Yemen	5	18	42	30	32	..	2	3.0	195.1	1.9	63
Pacific											
Kiribati	..	..	..	..	..	..	..	2.2	..	-0.05	..
Samoa	..	..	..	..	..	..	..	0.6	..	-0.05	72
Solomon Islands	..	..	..	..	..	..	..	2.5	..	0.07	64
Tuvalu	..	..	..	..	..	..	..	-4.2	..	-0.05	..
Vanuatu	..	..	..	..	..	..	..	2.6	1.0	..	70
Latin America and the Caribbean											
Haiti	..	55	..	63	58	..	-5	1.6	2.0	32.5	61

Sources: World Bank, *World Development Indicators 2009* (Washington, D.C.), table 2.6, and PovcalNet, <http://go.worldbank.org/NT2A1XUWPO> (accessed on 1 March 2008); Food and Agriculture Organization of the United Nations, *The State of Food Insecurity in the World 2008* (Rome), United Nations Population Division, *World Population Prospects: The 2006 Revision*, United Nations High Commissioner for Refugees (UNHCR), Statistical Yearbook 2007, tables 1 and 2; and additional analysis provided by the UNHCR Field Information and Coordination Support Section.

* "Food crisis" countries requiring external assistance (FAO, 2008, p. 21).

† Countries severely affected by high commodity prices and at high risk of food crisis (FAO, 2008, p. 21).

‡ Population of concern to the United Nations High Commissioner for Refugees including internally displaced persons.

§ Estimate includes estimate of internally displaced persons by the Internal Displacement Monitoring Centre, Geneva.

|| Internally displaced persons not determined.

Table 3
Selected international financial flows to and from the least developed countries, 2000-2007

	2000	2001	2002	2003	2004	2005	2006	2007
Official development assistance from Organization for Economic Cooperation and Development Development Assistance Committee (DAC) countries								
– Total (billions of US\$)	..	12.9	15.9	22.5	23.5	26.2	30.0	32.0
– Share of DAC gross national income (per cent)	0.05	0.05	0.06	0.08	0.08	0.08	0.09	0.09
United Nations system expenditures on operational activities (billions of US\$)	..	..	2.6	3.5	3.9	5.4	5.3	5.9
Debt service (share of exports, per cent)	11.6	12.2	9.2	8.5	8.2	7.1	6.7	6.8
Foreign direct investment (billions of US\$)	4.0	7.1	6.8	10.9	9.6	7.1	12.7	13.2
Remittances from workers	14.6	16.2	20.7	23.7	26.3	28.4	34.1	36.5

Sources: Organization for Economic Cooperation and Development, *Development Cooperation Report*, various issues; Millennium Development Goals Indicators (available at <http://mdg.un.org>), based on data from the World Bank; International Monetary Fund, *Balance of Payments Statistics*; Comprehensive statistical analysis of the financing of operational activities for development of the United Nations system for 2007 (A/64/75-E/2009/59).

Table 4
Selected indicators of progress in the least developed countries, 2000-2008

	2000 ^a	2001	2002	2003	2004	2005	2006	2007	2008
Economic growth									
Growth of output (per cent per year) ^a	4.8	6	5.6	5.2	7.2	7.9	7.7	7.8	6.4
Growth of exports (current dollar prices, per cent per year)	25	—	9	17	26	36	24	19	...
Economic growth per capita									
Growth of per capita output (per cent per year)	—	3.4	3.1	2.6	4.6	5.3	5.1	5.3	3.6
Growth of per capita output exceeding 3 per cent									
Number of countries	9	12	10	11	20	19	16	20	16
Proportion of LDC population (per cent)	40.0	41.9	30.5	42.9	70.5	73.3	60.0	70.5	61.0
Countries with a decline in per capita output									
Number of countries	16	12	13	12	8	7	6	11	5
Proportion of LDC population (per cent)	24.8	20.0	19.0	27.6	14.3	9.5	5.7	6.7	4.8
Poverty									
Population living on less than \$1.25 (2005 purchasing power parity) per day, per cent	60.4 ^a	—	57.7	—	—	53.4	—	—	—
Poverty gap ratio (per cent)	24.7 ^a	—	22.8	—	—	19.9	—	—	—
Education (per cent)									
Total net enrolment ratio in primary — female	58.3	60.6	60.0	63.6	73.2	70.6	73.3	74.0	...
Total net enrolment ratio in primary — male	61.0	63.4	67.4	70.5	73.2	75.9	78.0	78.0	...
Primary completion rate — female	40.7	42.1	44.5	46.0	47.5	50.0	52.2	55.0	...
Primary completion rate — male	49.0	50.6	52.8	54.6	56.0	58.6	59.7	63.0	...
Secondary gross enrolment ratio — female	23.6	24.6	25.9	26.2	27	—	—	—	—
Secondary gross enrolment rate — male	29	30.6	31.9	32.4	33.4	—	—	—	—
Tertiary gross enrolment ratio — female	2.9	3	3	3.1	3.2	—	—	—	—
Tertiary gross enrolment rate — male	4.4	4.8	4.8	5	5	—	—	—	—

Source: United Nations, *World Economic Situation and Prospects*, various issues (available at www.un.org/esa/policy/wess/wesp.html); Millennium Development Goals Indicators (available at <http://mdgs.un.org>), based on data from the United Nations Educational, Scientific and Cultural Organization.

^a Data relates to 1999.

Table 5
A. Universal primary education and gender equality in education

Least developed country	Net enrolment ratio in primary education, per 100			Ratio of girls to boys enrolled in primary education			Ratio of girls to boys enrolled in secondary education			Ratio of girls to boys enrolled in tertiary education		
	1991	2000	2007	1991	2000	2007	1991	2000	2007	1991	2000	2007
Africa												
Angola	50	..	..	0.9	..	0.9	..	0.8	..	..	..	..
Benin	41	52	..	0.5	0.7	..	0.4	0.5	..	0.2	0.3	..
Burkina Faso	25	36	53	0.6	0.7	0.8	0.5	0.7	0.7	0.3	0.3	0.5
Burundi	53	43	81	0.8	0.8	0.9	0.6	..	0.7	0.4	0.4	0.5
Central African Republic	52	..	54	0.6	..	0.7	0.4	..	..	0.1	0.2	..
Chad	33	53	..	0.4	0.6	0.7	0.2	0.3	0.4	..	0.2	..
Comoros	59	55	..	0.7	0.9	..	0.6	0.8	..	..	0.7	..
Democratic Rep. of the Congo	54	..	..	0.7	..	0.8	..	..	0.5	..	..	0.3
Djibouti	28	27	42	0.7	0.7	0.9	0.7	0.7	0.7	..	0.9	0.7
Equatorial Guinea	97	91	69	1.0	1.0	0.9	..	0.6	..	0.1	0.4	..
Eritrea	14	38	42	1.0	0.8	0.8	..	0.7	0.7	..	0.2	..
Ethiopia	22	38	72	0.7	0.6	0.9	0.8	0.7	0.7	0.2	0.3	0.3
Gambia	45	70	71	0.7	0.9	1.1	0.5	0.7	0.9	..	0.3	..
Guinea	28	48	75	0.5	0.7	0.9	0.3	0.4	0.6	0.1	..	..
Guinea-Bissau	38	45	..	0.5	0.7	..	..	0.5	..	..	0.2	..
Lesotho	73	78	..	1.2	1.0	..	1.4	1.3	..	1.3	1.5	..
Liberia	..	66	..	..	0.7	..	..	0.7	..	..	0.8	..
Madagascar	65	65	99	1.0	1.0	1.0	1.0	..	1.0	0.8	0.9	0.9
Malawi	49	..	88	0.8	1.0	1.0	0.5	0.8	0.8	0.3	0.4	0.5
Mali	29	..	63	0.6	0.7	0.8	0.5	0.5	0.6	0.2	0.5	..
Mauritania	37	65	81	0.8	1.0	1.1	0.5	0.8	0.9	0.2	..	..
Mozambique	42	56	70	0.7	0.8	0.9	0.6	0.6	0.7	..	..	..
Niger	26	27	45	0.6	0.7	0.7	0.4	0.6	0.6	..	..	0.3
Rwanda	68	..	94	0.9	1.0	1.0	0.7	0.9	0.9	..	0.4	..
Sao Tome and Principe	..	..	99	..	..	1.0	..	..	1.1	..	..	..
Senegal	47	57	73	0.7	0.9	1.0	0.5	0.7	0.8	..	..	0.5
Sierra Leone	43	..	..	0.7	..	0.9	0.6	..	0.7	..	..	..

Least developed country	Net enrolment ratio in primary education, per 100				Ratio of girls to boys enrolled in primary education				Ratio of girls to boys enrolled in secondary education				Ratio of girls to boys enrolled in tertiary education			
	1991	2000	2007		1991	2000	2007		1991	2000	2007		1991	2000	2007	
Somalia	9	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Sudan	41	44	..	..	0.8	0.9	0.9	0.8	0.9	..	0.9	0.9	0.9	0.9	..	..
Togo	64	78	79	..	0.7	0.8	0.9	0.3	0.3	0.4	0.5	0.5	0.2	..	..	..
Uganda	..	..	95	..	0.8	0.9	1.0	0.6	0.6	0.8	0.8	0.8	0.4	0.5	..	..
United Republic of Tanzania	52	53	..	..	1.0	1.0	1.0	0.8	0.8	..	..	..	0.2	..	0.5	..
Zambia	..	68	95	..	..	0.9	1.0	..	..	0.8	0.9	0.9	..	0.5	..	..
Asia																
Afghanistan	..	..	..	..	0.6	..	0.6	0.5	0.5	..	..	0.4	..	..	..	..
Bangladesh	..	..	..	..	..	..	1.1	..	..	1.0	1.1	1.1	..	0.5	0.6	..
Bhutan	..	59	..	..	..	0.9	..	..	..	0.8	..	..	..	0.5	0.5	..
Cambodia	75	87	89	..	0.8	0.9	0.9	0.4	0.4	0.5	0.8	0.8	..	0.3	0.6	..
Lao People's Democratic Rep.	62	77	86	..	0.8	0.9	0.9	0.6	0.6	0.7	0.8	0.8	..	0.5	0.7	..
Maldives	..	99	97	..	..	1.0	1.0	..	..	1.1	..	..	..	..	..	..
Myanmar	99	..	..	..	1.0	..	..	1.0	1.0	..	..	..	..	..	..	..
Nepal	..	73	76	..	0.6	0.8	1.0	0.5	0.5	0.7	0.9	0.9	0.3	0.4	..	..
Timor-Leste	..	..	63	..	..	..	0.9	..	..	..	..	..	..	..	..	..
Yemen	49	59	..	..	..	0.6	..	..	..	0.4	..	..	..	0.3	..	..
Pacific																
Kiribati	..	..	..	..	..	1.0	..	..	..	1.6	..	..	..	..	..	..
Samoa	..	92	..	..	1.0	1.0	1.0	2.0	2.0	1.1	..	..	..	0.9	..	..
Solomon Islands	..	..	..	..	0.9	0.9	..	0.6	0.6	0.8	..	..	..	..	..	..
Tuvalu	..	..	..	..	..	1.0	..	..	..	..	..	..	..	..	..	..
Vanuatu	..	95	88	..	1.0	1.0	1.0	0.8	0.8	1.1	..	..	..	..	..	..
Latin America and the Caribbean																
Haiti	22	..	..	..	1.0	..	..	0.9	..	..	..	..	..	..	..	..

Table 5
B. Adult literacy

Least developed country	Adult literacy (aged 15+) (percentage (rate))						Change in gender difference, 1985-94-2007 (percentage)	Change in adult literacy, 1985-94-2007 (percentage)
	1985-1994			1995-2004				
	Women	Men	Total	Women	Men	Total		
Africa								
Angola	..	..	..	54	83	67	..	..
Benin	17	40	27	23	48	35	28	41
Burkina Faso	8	20	14	15	29	22	22	29
Burundi	28	48	37	52	67	59	..	..
Central African Republic	20	48	34	33	65	49	..	..
Chad	..	..	12	18	39	28	21	32
Comoros	56	70	63	67	78	72	70	75
Democratic Rep. of the Congo	..	..	..	54	81	67	..	..
Djibouti	..	..	..	..	..	..	..	..
Equatorial Guinea	..	..	..	80	93	87	..	..
Eritrea	..	..	..	40	65	53	53	64
Ethiopia	19	36	27	23	50	36	23	36
Gambia	..	..	..	..	..	..	..	..
Guinea	..	..	..	18	43	29	..	..
Guinea-Bissau	..	..	..	..	..	..	..	..
Lesotho	..	..	..	90	74	82	..	..
Liberia	30	52	41	46	58	52	51	56
Madagascar	..	..	..	65	77	71	..	..
Malawi	34	65	49	54	75	64	65	72
Mali	..	..	..	16	33	24	18	26
Mauritania	..	..	..	43	60	51	48	56
Mozambique	..	..	..	25	55	39	33	44
Niger	17	49	33	35	63	49	44	57
Rwanda	..	..	58	60	71	65	..	..
Sao Tome and Principe	62	85	73	78	92	85	83	88
Senegal	18	37	27	29	51	39	33	42

Least developed country	Adult literacy (aged 15+) (percentage literate)						Change in gender difference, 1985-04-2007 (percentage)	Change in adult literacy, 1985-04-2007 (percentage)		
	1985/1994			1995/2004						
	Women	Men	Total	Women	Men	Total				
Sierra Leone	..	..	..	24	47	35	27	50	38	..
Somalia	..	..	..	..	..	..	..	..	..	..
Sudan	..	..	..	52	71	61	..	..	..	..
Togo	..	..	..	38	69	53	..	..	..	..
Uganda	45	68	56	59	78	68	66	82	74	17
United Republic of Tanzania	48	71	59	62	78	69	66	79	72	13
Zambia	57	73	65	62	81	69	61	81	71	6
Asia										
Afghanistan	..	..	..	13	43	28	..	..	..	..
Bangladesh	26	44	35	41	54	47	48	59	53	18
Bhutan	..	..	..	..	..	..	39	65	53	..
Cambodia	..	..	..	64	85	74	68	86	76	..
Lao People's Democratic Rep.	..	..	..	61	77	69	63	82	73	..
Maldives	96	96	96	96	96	96	97	97	97	..
Myanmar	..	..	..	86	94	90	..	..	..	..
Nepal	17	49	33	35	63	49	44	70	57	24
Timor-Leste	..	..	..	..	..	..	..	..	..	..
Yemen	17	57	37	35	73	54	40	77	59	22
Pacific										
Kiribati	..	..	..	..	..	..	..	..	..	..
Samoa	97	98	98	98	99	99	98	99	99	1
Solomon Islands	..	..	..	..	..	..	..	..	..	..
Tuvalu	..	..	..	..	..	..	..	..	..	..
Vanuatu	63	68	66	73	78	75	76	80	78	13
Latin America and the Caribbean										
Haiti	46	47	46	53	57	55	64	60	62	16

Sources: United Nations Educational, Scientific and Cultural Organization (UNESCO), Education for All Global Monitoring Report 2009, *Overcoming inequality: why governance matters* (Paris, 2008), annex tables 5, 8, 9A and 12, and updated data provided on 20 April 2009 by the UNESCO Institute for Statistics (Montreal).

Table 6
Infant and child health

<i>Least developed country</i>	<i>Under-5 mortality rate (per 1,000)</i>			<i>Infant mortality rate (per 1,000)</i>			<i>1-yr-old children immunized (percentage)</i>		<i>Children under 5 months exclusively breastfed (percentage)</i>	<i>Moderately/severely underweight children under 5 (percentage)</i>
							Measles	DPT3		
	1990	2000	2007	1990	2000	2007	2007	2007	2000-07	2000-07
Africa										
Angola	258	191	158	150	126	116	88	83	11	31
Benin	184	144	123	111	89	78	61	67	43	23
Burkina Faso	206	190	191	112	104	104	94	99	7	37
Burundi	189	184	180	113	110	108	75	74	45	39
Central African Republic	171	186	172	113	120	113	62	54	23	29
Chad	201	205	209	120	122	124	23	20	2	37
Comoros	120	84	66	88	62	49	65	75	21	25
Democratic Rep. of the Congo	200	179	161	127	116	108	79	87	36	31
Djibouti	175	147	127	116	97	84	74	88	1	29
Equatorial Guinea	170	200	206	103	120	124	51	33	24	19
Eritrea	147	97	70	88	61	46	95	97	52	40
Ethiopia	204	150	119	122	92	75	65	73	49	38
Gambia	153	131	109	104	93	82	85	90	41	20
Guinea	231	185	150	137	111	93	71	75	27	26
Guinea-Bissau	240	218	198	142	129	118	76	63	16	19
Lesotho	102	107	84	81	84	68	85	83	36	20
Liberia	205	164	133	138	113	93	95	88	35	26
Madagascar	168	137	112	103	84	70	81	82	67	42
Malawi	209	170	111	124	103	71	83	87	57	21
Mali	250	217	196	148	129	117	68	68	38	32
Mauritania	130	122	119	81	77	75	67	75	20	32
Mozambique	201	184	168	135	125	115	77	72	30	24
Niger	304	230	176	143	109	83	47	39	9	44
Rwanda	195	189	181	117	113	109	99	97	88	23
Sao Tome and Principe	101	100	99	65	64	64	86	97	60	9
Senegal	149	133	114	72	66	59	84	94	34	17
Sierra Leone	290	274	262	169	161	155	67	64	8	30
Somalia	203	164	142	121	100	88	34	39	9	36
Sudan	125	115	109	79	73	69	79	84	16	41
Togo	150	122	100	89	76	65	80	88	28	26
Uganda	175	149	130	106	92	82	68	64	60	20
United Republic of Tanzania	157	143	116	96	89	73	90	83	41	22
Zambia	163	178	170	99	108	103	85	80	61	19

	Under-5 mortality rate (per 1,000)			Infant mortality rate (per 1,000)			1-yr-old children immunized (percentage)		Children under 6 months exclusively breastfed (percentage)	Moderately/severely underweight children under 5 (percentage)
	1990	2000	2007	1990	2000	2007	Measles	DPT3		
<i>Least developed country</i>							2007	2007	2000/07	2000/07
Asia										
Afghanistan	260	257	257	168	165	165	70	83	—	39
Bangladesh	151	91	61	105	66	47	88	90	37	46
Blutan	148	106	84	91	68	50	95	95	—	19
Cambodia	119	107	91	87	80	70	79	82	60	36
Lao People's Democratic Rep.	163	101	70	120	77	56	40	50	23	37
Maldives	111	55	30	79	43	26	97	98	10	30
Myanmar	130	110	103	91	78	74	81	86	15	32
Nepal	142	85	55	99	63	43	81	82	53	45
Timor-Leste	184	129	97	138	100	77	63	70	31	49
Yemen	127	98	73	90	71	55	74	87	—	46
Pacific										
Kiribati	88	70	63	65	52	46	93	94	80	13
Samoa	50	34	27	40	28	22	63	71	—	—
Solomon Islands	121	88	70	86	65	53	78	79	65	21
Tuvalu	53	43	37	42	35	30	95	97	—	—
Vanuatu	62	48	34	48	38	28	65	76	50	—
Latin America and the Caribbean										
Haiti	152	109	76	105	78	57	58	53	41	22
Least developed countries	130		112	64		47	76	79	37	25

Source: United Nations Children's Fund, *The State of the World's Children 2009: Maternal and Newborn Health* (United Nations publication, Sales No. E.09.XX.1), tables 1-3.

Table 7
Reproductive health and health services

	Skilled health personnel at birth (percentage of births)	Women with antenatal visit to skilled practitioner (percentage)	Maternal mortality ratio (per 100,000)		Contraceptive use, currently married women aged 15-49, any method (percentage)	
			2000-06 reported ^a	2005 adjusted ^b	1990-95	2000-06
<i>Least developed country</i>	2000-06	2000-06				
Africa						
Angola	47	80	..	1 400	6.2	..
Benin	74	84	400	840	18.6	17
Burkina Faso	54	85	480	700	11.9	..
Burundi	34	92	620	1 100	15.7	..
Central African Republic	53	69	540	980	27.9	19
Chad	14	39	1 100	1 500	7.9	..
Comoros	62	75	380	400	25.7	..
Democratic Rep. of the Congo	74	85	1 300	1 100	31.4	20.6
Djibouti	61	92	74	650	..	17.8
Equatorial Guinea	65	86	..	680	..	..
Eritrea	28	70	1 000	450	..	..
Ethiopia	6	28	670	720	8.1	14.7
Gambia	57	98	730	690	17.5	..
Guinea	38	82	980	910	6.2	9.1
Guinea-Bissau	39	78	410	1 100	7.6	10.3
Lesotho	55	90	760	960	40.6	..
Liberia	51	85	580	1 200	..	..
Madagascar	51	80	470	510	18.8	..
Malawi	54	92	810	1 100	30.6	41.7
Mali	45	70	460	970	8.1	8.2
Mauritania	57	64	750	820	8	..
Mozambique	48	85	410	520	..	..
Niger	33	46	650	1 800	14	11.2
Rwanda	39	94	750	1 300	13.2	17.4
Sao Tome and Principe	81	97	150	..	29.3	..
Senegal	52	87	400	980	10.5	11.8
Sierra Leone	43	81	1 800	2 100	4.3	5.3
Somalia	33	26	1 000	1 400	7.9	14.6
Sudan	87	60	550	450	7	7.6
Togo	62	84	430	510	25.7	16.8
Uganda	42	94	440	550	22.8	23.7
United Republic of Tanzania	43	78	580	950	25.4	26.4
Zambia	43	93	730	830	22	..

	Skilled health personnel at birth (percentage of births)	Women with antenatal visit to skilled practitioner (percentage)	Maternal mortality ratio (per 100,000)		Contraceptive use, current/ ^a married women aged 15-49, any method (percentage)	
			2000/06 reported ^b	2005 adjusted ^b	1990/95	2000/06
<i>Least developed country</i>	2000/06	2000/06				
Asia						
Afghanistan	14	16	1 600	1 800	4.8	18.6
Bangladesh	18	51	320	570	53.8	..
Bhutan	56	88	260	440	30.7	..
Cambodia	44	69	470	540	23.8	40
Lao People's Democratic Rep.	19	27	410	660	32.2	..
Maldives	84	81	140	120	42	..
Myanmar	57	76	320	380	37	..
Nepal	19	44	280	830	39.3	48
Timor-Leste	18	61	..	380	..	..
Yemen	36	41	370	430	..	..
Pacific						
Kiribati	85	88	56	..	36.1	..
Samoa	100	..	29	..	..	..
Solomon Islands	85	..	140	220	..	..
Tuvalu	100	..	..	..	..	..
Vanuatu	88	..	68	..	..	..
Latin America and the Caribbean						..
Haiti	26	85	630	670	28.1	32
Least Developed Countries	39	64		870		29

Sources: United Nations Population Division, *World Contraceptive Use 2007* (New York, 2008); and United Nations Children's Fund, *State of the World's Children 2009: Maternal and Newborn Health* (United Nations publication, Sales No. E.09.XX.1), table 8.

^a National data for the most recent year in the period 2000-2006.

^b Internationally comparable data prepared by UNICEF.

Table 8
HIV/AIDS prevalence and prevention

	HIV prevalence rate, adults aged 15-49		Rate of condom use at last high-risk sex (percentage)				Condom use rate of contraceptive prevalence (percentage)	Population aged 15-24 with comprehensive correct knowledge of HIV/AIDS (percentage) 2002/07		AIDS orphans tone or both parents dead (thousands)	Ratio of school attendance of orphans to that of non-orphans
	2005	2007	Women	Men	Women	Men		2000/07	Women	Men	2007
Least developed country											
Africa											
Angola	1.6	2.1	..	..	..	..	5	..	..	50	90
Benin	1.3	1.2	9	34	28	45	7	16	35	29	90
Burkina Faso	2.1	1.6	41	55	64	67	15	19	..	100	61
Burundi	3.5	2.0	..	..	25	..	3	30	..	120	85
Central African Republic	6.4	6.3	..	..	41	..	18	17	27	72	96
Chad	3.4	3.5	..	..	17	25	14	8	20	85	105
Comoros	<0.1	<0.1	..	..	..	..	3	10	..	<0.1	..
Democratic Rep. of the Congo	..	..	..	..	..	..	17	15	21	..	77
Djibouti	3.1	3.1	..	..	26	50	1	18	..	5	..
Equatorial Guinea	3.7	3.4	..	..	..	..	..	4	..	5	95
Eritrea	1.2	1.3	..	..	..	..	8	37	..	18	83
Ethiopia	2.4	2.1	17	30	28	50	1	20	33	650	90
Gambia	0.9	0.9	..	..	54	..	3	39	..	3	87
Guinea	1.2	1.6	17	32	26	37	12	17	23	25	73
Guinea-Bissau	1.8	1.8	..	..	39	..	7	18	..	6	97
Lesotho	23.9	23.2	..	..	53	53	13	26	18	110	95
Liberia	1.4	1.7	..	..	..	..	..	21	27	15	..
Madagascar	0.1	0.1	..	..	5	12	4	19	16	3	75
Malawi	13.3	11.9	32	38	40	40	4	42	42	550	97
Mali	1.5	1.5	14	31	17	17	5	18	22	44	87
Mauritania	0.7	0.8	..	..	..	..	10	..	..	3	..
Mozambique	10.3	12.5	..	..	29	33	7	20	33	400	80
Niger	0.7	0.8	7	30	18	37	—	13	16	25	67
Rwanda	4.3	2.8	23	55	26	40	5	51	54	220	82
Sao Tome and Principe	..	..	..	..	56	..	—	44	..	..	..
Senegal	0.4	1.0	..	..	36	52	13	19	24	8	83
Sierra Leone	1.3	1.7	..	..	20	..	2	17	..	16	83
Somalia	0.5	0.5	..	..	..	..	—	4	..	9	78
Sudan	1.4	1.4	..	..	..	..	4	..	..	..	96
Togo	3.6	3.3	22	41	50	..	23	28	..	68	94
Uganda	7.9	5.4	25	42	53	55	7	32	38	1 200	96
United Republic of Tanzania	7.0	6.2	18	31	34	46	8	45	40	970	102

	HIV prevalence rate, adults aged 15-49		Rate of condom use at last high-risk sex (percentage)				Condom use rate of contraceptive prevalence (percentage)	Population aged 15-24 with comprehensive correct knowledge of HIV/AIDS (percentage) 2002/07		AIDS orphans (one or both parents dead) (thousands)	Ratio of school attendance of orphans to that of non-orphans
	2003	2007	1995/01		2002/06			2000/07	2007		
			Women	Men	Women	Men	Women		Men	2007	2002/07
<i>Least developed country:</i>											
Zambia	15.4	15.2	20	39	26	38	11	34	37	600	103
Asia											
Afghanistan	..	..	..	..	..	..	12	..	..	..	..
Bangladesh	..	..	..	..	..	..	7	16	..	..	84
Bhutan	..	0.1	..	..	..	..	—	..	..	..	..
Cambodia	1.5	0.8	..	..	..	84	7	50	45	..	83
Lao People's Democratic Rep.	<0.1	0.2	..	..	..	..	2	..	..	..	..
Maldives	..	..	..	..	..	..	23	..	..	..	..
Myanmar	0.9	0.7	..	..	..	..	1	..	..	..	..
Nepal	0.5	0.5	..	..	..	78	10	28	44	..	..
Timor-Leste	..	..	..	..	..	..	—	..	..	..	..
Yemen	..	..	..	..	..	..	2	..	..	..	..
Pacific											
Kiribati	..	..	..	..	..	..	1	..	..	..	..
Samoa	..	..	..	..	..	..	..	..	..	..	..
Solomon Islands	..	..	..	..	..	..	..	..	..	..	..
Tuvalu	..	..	..	..	..	..	..	..	..	..	..
Vanuatu	..	..	..	..	..	..	..	..	..	..	..
Latin America and the Caribbean											
Haiti	2.2	2.2	19	30	29	43	17	34	40	..	86
Least developed countries	2	2	..	..	29	45	..	23	32	..	86

Sources: UNAIDS, 2008 Report on the global AIDS epidemic (Geneva, 2008), and United Nations Children's Fund, *The State of the World's Children 2009: Maternal and Newborn Health* (United Nations publication, Sales No. E.09.XX.1), table 4.

Table 9
Malaria and tuberculosis prevalence, mortality, prevention and treatment

Malaria															
Tuberculosis															
Children under age 5															
DOTS															
Least developed country	High-burden country	Estimated cases per 1,000 population	Estimated deaths per 100,000 population	Use of treated bed nets (percentage)	With fever using anti-malarial drugs (percentage)	High-burden country	Estimated cases per 100,000 population			Estimated deaths per 100,000 population			Population coverage (percentage)	Case detection rate (percentage)	Treatment success (percentage)
							2008	2007	2007	2008	2007	2007			
Africa															
Angola	x	215	128	18	29		530	294	57	22	63	80	18		
Benin		370	146	20	54		128	135	12	12	..	..	..		
Burkina Faso	x	434	178	10	48		338	403	34	41	100	11	73		
Burundi		278	94	8	30		455	647	46	68	100	20	83		
Central African Republic		369	100	15	57		485	425	47	38	..	..	..		
Chad	x	399	173	1	53		420	497	43	51	33	18	54		
Comoros		251	36	9	63		112	83	8	6	..	..	..		
Democratic Rep. of the Congo	x	389	158	6	30	x	592	666	65	72	100	39	86		
Djibouti		47	14	1	10		761	1 104	70	91	100	45	78		
Equatorial Guinea		390	220	1	49		274	469	22	48	..	..	..		
Eritrea		4	2	4	4		114	134	12	13	93	76	90		
Ethiopia	x	153	51	33	10	x	486	579	53	64	95	40	84		
Gambia		282	106	49	63		491	404	53	43	100	42	58		
Guinea		410	164	1	44		332	448	35	46	60	34	75		
Guinea-Bissau		367	180	39	46		273	319	30	30	..	..	..		
Lesotho		..	..	..	..		356	568	16	37	100	17	66		
Liberia		408	171	..	59		435	398	46	41	..	..	..		
Madagascar	x	34	12	..	34		359	417	39	45	100	42	78		
Malawi	x	334	95	25	25		362	305	23	21	100	49	78		
Mali	x	361	201	27	32		571	599	61	63	100	13	76		
Mauritania		184	85	..	21		619	559	67	60	82	28	41		
Mozambique	x	354	92	..	15	x	499	504	47	45	100	39	83		
Niger	x	419	229	7	33		278	292	30	31	100	35	77		

Malaria

Tuberculosis

Children under age 5														
Least developed country	High-burden country, 2008	Estimated cases per 1,000 population			Use of treated bed nets (percentage)	With fever using anti-malarial drugs (percentage)		High-burden country, 2008	Estimated cases per 100,000 population		Estimated deaths per 100,000 population		DOTS	
		2007	2007	2007		2003/07	2003/07		2008	2007	2007	2007	2007	2007
Rwanda		344	59	13	12		442	590	39	57	100	19	86	
Sao Tome and Principe		67	19	42	25		272	240	30	26				
Senegal	x	121	80	16	22		420	468	45	49	100	20	76	
Sierra Leone		396	154	5	52		675	941	71	98	100	27	87	
Somalia		72	41	11	8		414	352	67	55	100	49	89	
Sudan	x	133	85		50		375	402	53	59	91	29	82	
Togo		325	113	38	48		656	750	66	76	100	8	67	
Uganda	x	355	145	10	61	x	364	337	30	29	100	39	70	
United Republic of Tanzania	x	292	98	16	58	x	391	426	34	41	100	48	85	
Zambia	x	313	121	29	38		658	387	47	25	100	74	85	
Asia														
Afghanistan		22				x	346	238	41	30	97	61	84	
Bangladesh	x	19	4			x	500	387	58	44	100	41	92	
Bhutan		24	3				515	363	60	43	100	59	89	
Cambodia	x	18	4	4		x	758	664	83	77	100	49	93	
Lao People's Democratic Rep.		4	1	18	9		344	289	27	22	100	43	92	
Maldives							96	48	7	4	100	88	91	
Myanmar	x	87	19			x	267	162	32	11	95	149	84	
Nepal		1					312	240	28	22	100	63	88	
Timor-Leste		475	93	8	47		644	378	70	47	100	87	79	
Yemen		12	4				164	130	12	10	100	30	83	
Pacific														
Kiribati							546	423	62	49	100	95	90	
Samoa							27	25	3	3				
Solomon Islands		218	30				300	180	33	21	100	61	90	
Tuvalu							422	203	40	17	100	97	75	
Vanuatu		134	13				143	102	16	12	83	70	90	

	Malaria				Tuberculosis							
	Children under age 5				DOTS ^a							
	High-burden country	Estimated cases per 1 000 population	Estimated deaths per 100 000 population	Use of treated bed nets (percentage)	With fever using anti-malarial drugs (percentage)	High-burden country	Estimated cases per 100 000 population	Estimated deaths per 100 000 population	Population coverage (percentage)	Case detection rate (percentage)	Treatment success (percentage)	
Least developed country	2008	2007	2007	2003-07	2003-07	2008	2000	2007	2000	2007	2006-07	
Latin America and the Caribbean												
Haiti		17	8	5		403	366	53	47	70	45	82

Sources: World Health Organization, *World Malaria Report 2008* (Geneva, 2008); United Nations Children's Fund, *The State of the World's Children 2009: Maternal and Newborn Health* (United Nations publication, Sales No. E.09.XX.1), table 3; and World Health Organization, *Global Tuberculosis Control 2009: epidemiology, strategy, financing* (Geneva, 2009).

^a Internationally recommended strategy for tuberculosis control.

Table 10
Economic growth and fixed capital formation

Least developed country	Gross domestic product					Population						
	Average annual growth of GDP in constant US\$ (percentage)		Per capita GDP in constant US\$	Per capita GDP in current US\$	Gross fixed capital formation as a percentage of GDP	Foreign direct investment, net inflows, percentage of GDP	Total (thousands)	Growth per cent per year				
	1995-2000	2000-2005	2007	2000	2007	2000	2007	2007				
Africa												
Oil exporters												
Angola	6.1	10.3	21.1	839	1 612	3 068	20.8	19.6	9.6	-2.9	17	2.8
Chad	2.7	15.0	0.6	257	419	692	8.7	22.0	8.3	8.1	11	3.0
Equatorial Guinea	33.9	26.6	12.4	2 026	5 953	19 998	242.5	164.6	9.5	17.0	1	2.2
Sudan	9.4	9.1	10.5	964	1 554	1 443	10.5	34.5	3.0	4.4	39	2.3
Subtotal (oil exporters)	8.4	10.1	12.9	834	1 419	1 877	17.7	34.0	6.0	2.6	68	
Non-oil exporters												
Benin	4.8	4.1	6.0	397	429	618	16.4	18.1	2.5	0.9	9	3.1
Burkina Faso	6.5	6.4	6.7	436	542	483	12.6	14.0	0.9	8.4	15	2.0
Burundi	-1.2	2.1	5.5	145	140	118	7.5	27.0	1.6	—	9	4.1
Central African Republic	2.3	-0.8	4.2	453	421	394	11.0	10.9	0.1	1.6	4	1.8
Comoros	1.4	2.8	-3.1	399	372	556	10.0	7.4	—	0.2	1	2.6
Democratic Rep. of the Congo	-3.9	4.0	6.5	102	112	151	16.1	10.2	0.4	7.6	63	3.3
Djibouti	0.4	2.8	4.8	707	780	1 002	8.7	38.5	0.6	23.4	1	1.7
Eritrea	1.1	2.6	1.3	372	322	271	20.0	21.9	3.9	-0.2	5	3.4
Ethiopia	4.6	5.6	11.2	208	280	201	8.5	8.1	1.7	1.5	83	2.6
Gambia	3.9	3.8	4.8	333	356	377	17.6	28.1	10.3	9.9	2	2.8
Guinea	4.5	3.0	1.5	512	539	452	13.0	10.1	0.3	2.6	9	2.1
Guinea-Bissau	-0.2	-0.2	3.7	193	167	211	12.8	11.7	0.3	2.0	2	3.0
Lesotho	3.1	2.9	4.9	463	563	797	51.5	38.8	3.7	6.6	2	0.7
Liberia	35.1	-4.6	9.3	157	119	195	7.9	15.6	3.7	5.8	4	4.8
Madagascar	3.8	2.3	6.3	226	232	377	16.0	27.7	2.1	13.4	20	2.7
Malawi	4.2	2.7	7.4	271	299	257	18.9	17.8	1.6	1.5	14	2.6
Mali	4.5	6.4	2.5	374	446	554	16.2	17.3	3.1	5.3	12	3.1

Least developed country	Gross domestic product						Population					
	Average annual growth of GDP in constant US\$ (percentage)			Per capita GDP in current US\$		Gross fixed capital formation as a percentage of GDP		Foreign direct investment, net inflows, percentage of GDP		Total (thousands)	Growth, per cent per year	
	1995-2000	2000-2005	2007	2000	2007	2000	2007	2000	2007	2007	2007	
Mauritania	2.6	4.3	0.9	550	625	874	22.3	21.2	3.7	5.6	3	2.6
Mozambique	7.9	8.8	7.0	275	412	362	26.5	17.0	3.2	5.5	21	2.0
Niger	2.9	5.4	3.1	269	296	289	7.6	12.7	0.5	0.7	14	3.6
Rwanda	10.2	5.7	6.0	324	401	354	15.4	21.0	0.5	2.0	10	2.8
Sao Tome and Principe	1.7	6.4	6.4	1 000	1 367	912	37.9	67.1	5.0	24.6	16	1.9
Senegal	4.8	4.7	5.0	812	915	908	21.0	28.2	1.3	0.7	12	2.5
Sierra Leone	-10.1	12.9	6.5	94	153	330	8.0	4.6	4.2	4.2	6	2.1
Somalia	2.1	2.9	2.7	108	106	291	19.6	19.7	—	5.6	7	3.0
Togo	2.1	1.2	2.9	363	332	386	9.5	8.2	3.2	2.7	7	2.7
Uganda	6.5	5.6	6.5	290	346	403	12.9	20.9	3.2	3.0	31	3.3
United Republic of Tanzania	4.1	6.8	7.3	192	254	368	18.7	16.1	2.3	4.0	40	2.5
Zambia	2.7	4.8	5.8	383	476	974	21.3	81.5	3.8	8.5	12	1.9
Subtotal (non-oil exporters)	3.9	5.0	6.4	263	312	309	15.6	19.0	2.0	4.6	2 441	
Subtotal (Africa)	5.3	6.8	9.1	343	464	525	16.3	25.0	3.1	3.7	502	
Asia												
Afghanistan	-3.5	20.1	12.4	131	302	345	12.9	21.0	—	3.1	27	4.1
Bangladesh	5.2	5.4	6.5	350	455	428	24.4	28.5	1.3	1.0	159	1.7
Bhutan	6.8	7.6	22.5	834	1 357	1 982	55.4	59.7	—	6.0	0.7	1.4
Cambodia	7.1	9.3	10.2	212	358	598	21.3	25.0	4.1	10.0	14	1.7
Lao People's Democratic Rep.	6.2	6.3	8.0	305	432	711	10.4	39.7	2.0	7.8	6	1.7
Maldives	8.3	4.8	7.8	1 630	2 451	3 454	28.5	58.1	2.1	1.4	0.3	2.0
Myanmar	8.3	12.9	5.5	223	457	379	25.9	38.1	2.9	2.3	49	0.9
Nepal	4.8	2.9	2.5	273	287	419	19.2	20.4	—	—	28	2.0
Timor-Leste	-3.7	0.9	16.7	239	200	393	26.5	28.1	—	0.3	1	3.7
Yemen	8.2	4.2	3.1	376	399	967	18.9	25.4	0.1	2.1	22	3.0
Subtotal	5.5	7.0	6.5	301	420	471	23.1	29.0	1.3	2.2	2 314	

Least developed country	Gross domestic product						Population		
	Average annual growth of GDP in constant US\$ (percentage)		Per capita GDP in constant US\$		Gross fixed capital formation as a percentage of GDP		Foreign direct investment, net inflows, percentage of GDP		Growth, per cent per year
	1995-2000, 2000-2005		2006, 2007		2007, 2000		2007, 2000		2007
	1995-2000	2000-2005	2006	2007	2007	2000	2007	2000	
Pacific									
Kiribati	9.2	1.3	2.2	536	762	46.7	73.9	37.7	15.8
Samoa	4.1	4.3	4.4	814	1 021	13.9	8.9	-0.7	3.2
Solomon Islands	-2.6	1.5	6.4	557	567	18.2	18.9	0.4	8.8
Tuvalu	1.8	7.2	—	1 200	—	58.3	64.7	-7.5	5.9
Vanuatu	3.1	0.9	4.9	1 174	1 142	34.1	32.6	8.3	7.5
Subtotal	1.3	2.1	5.0	748	872	25.3	25.0	4.2	6.8
Latin America and the Caribbean									
Haiti	2.1	-0.5	3.2	275	252	16.7	23.2	0.4	1.3
Total	5.3	6.8	8.1	326	445	505	16.0	27.0	2.2
									3.1
									2 827
									2.4

Sources: United Nations Statistics Division, *National Accounts Main Aggregates Database*, <http://unstats.un.org/unsd/snaama/introduction.asp> (accessed on 10 February 2009); calculations by United Nations Office of the High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States; *Foreign Direct Investment database*, United Nations Conference on Trade and Development (UNCTAD), at www.unctad.org/Templates/Page.asp?infitemID=1923 (accessed on 1 May 2009); UNCTAD Central Statistics and Information Retrieval Branch, and United Nations Population Division, *World Population Prospects: The 2006 Revision*.

Table 11
Communications

	Permanent and mobile post offices per 100,000 population		Telephone lines and cellular subscribers per 100 population						Internet users per 100 population	
	2000	2007	Main lines		Cellular		Total		2004	2007
<i>Least developed country</i>	2000	2007	2000	2007	2003/04	2007	2003/04	2007	2004	2007
Africa										
Angola	57	57	0.5	0.6	6.7	29	7.2	29.7	0.5	2.9
Benin	176	171	0.8	1.23	3.4	21	4.2	22.3	1.1	1.7
Burkina Faso	70	77	0.5	0.70	3.0	11	3.4	11.6	0.4	0.6
Burundi	28	45	0.3	0.45	0.9	3	1.2	3.7	0.3	0.8
Central African Republic	33	24	0.3	0.29	1.5	3	1.8	3.3	0.2	0.3
Chad	44	42	0.1	0.13	1.4	9	1.5	8.6	0.4	0.6
Comoros	27	24	1.0	2.33	0.3	5	1.2	7.1	1.0	2.6
Democratic Rep. of the Congo	497	126	—	0.01	1.9	10.5	1.9	10.5	0.2	0.4
Djibouti	11	7	1.5	1.36	3.4	5.6	5.0	7.0	1.2	1.4
Equatorial Guinea	..	7	1.4	1.99	11.0	43.4	12.3	45.4	1.0	1.6
Eritrea	60	70	0.8	0.77	0.5	1.7	1.3	2.5	1.2	2.5
Ethiopia	552	1 021	0.4	1.06	0.3	1.5	0.6	2.6	0.2	0.4
Gambia	..	..	2.7	4.47	12.0	46.8	14.6	51.3	3.3	5.9
Guinea	61	85	0.3	0.53	1.4	21.3	1.8	21.8	0.5	0.5
Guinea-Bissau	30	13	0.9	0.27	0.1	17.5	1.0	17.8	1.7	2.3
Lesotho	154	..	1.2	2.97	8.8	22.7	10.1	25.7	2.4	3.5
Liberia	19	20	0.2	0.05	1.4	15.0	1.6	15.1	—	0.5
Madagascar	1 163	728	0.3	0.68	1.9	11.3	2.2	12.0	0.5	0.6
Malawi	322	333	0.5	1.26	1.8	7.6	2.3	8.9	0.4	1.0
Mali	..	83	0.4	0.65	3.6	20.6	4.0	21.3	0.4	0.8
Mauritania	..	30	0.7	1.29	17.5	41.6	18.3	42.9	0.5	0.9
Mozambique	360	..	0.5	0.33	3.7	15.4	4.2	15.7	0.7	0.9
Niger	51	44	0.2	0.17	1.2	6.3	1.4	6.5	0.2	0.3
Rwanda	18	23	0.2	0.24	1.6	6.5	1.9	6.7	0.4	1.1
Sao Tome and Principe	..	5	3.3	4.86	3.2	19.1	6.5	24.0	13.1	14.6
Senegal	132	167	2.2	2.17	9.9	29.3	12.1	31.5	4.2	6.6
Sierra Leone	69	45	0.4	..	2.3	13.2	2.7	13.2	0.2	0.2
Somalia	..	..	0.4	1.15	4.2	6.9	4.5	8.1	1.1	1.1
Sudan	347	177	1.2	0.90	3.0	21.3	4.3	22.2	0.8	9.1
Togo	50	..	0.9	1.51	4.4	18.1	5.3	19.6	3.7	5.1
Uganda	316	276	0.3	0.53	4.4	13.6	4.6	14.1	0.7	1.0
United Republic of Tanzania	434	392	0.5	0.40	4.4	20.6	4.9	21.0	0.9	2.5
Zambia	225	223	0.8	0.77	2.8	22.1	3.5	22.9	2.0	5.0

Least developed country	Permanent and mobile post offices per 100,000 population		Telephone lines and cellular subscribers per 100 population						Internet users per 100 population	
			Main lines		Cellular		Total			
	2000	2007	2000	2007	2003/04	2007	2003/04	2007	2004	2007
Asia										
Afghanistan	385	460	0.1	0.30	2.4	17.2	2.5	17.5	0.1	1.8
Bangladesh	..	9 892	0.4	0.75	2.9	21.7	3.3	22.5	0.2	0.3
Bhutan	..	90	2.2	3.43	0.8	17.2	2.9	20.6	0.9	4.6
Cambodia	143	81	0.2	0.26	3.5	17.9	3.8	18.2	0.3	0.5
Lao People's Democratic Rep.	166	327	0.8	1.62	3.5	25.2	4.3	26.8	0.4	1.7
Maldives	202	216	9.1	10.82	34.5	102.6	43.6	113.4	5.8	10.8
Myanmar	1 293	1 363	0.5	1.45	0.2	0.6	0.7	2.1	0.1	0.1
Nepal	4 012	..	1.2	2.49	0.7	11.5	1.9	14.0	0.7	1.4
Timor-Leste	..	9	..	0.21	..	6.8	..	7.0	..	0.1
Yemen	270	309	1.9	4.47	5.2	13.8	7.1	18.3	0.9	1.4
Pacific										
Kiribati	..	..	4.0	..	0.6	..	4.6	..	2.4	..
Samoa	35	..	4.9	10.54	5.8	45.9	10.6	56.4	3.3	4.5
Solomon Islands	139	24	1.8	1.55	0.3	2.2	2.1	3.8	0.6	1.8
Tuvalu	..	..	7.0	..	—	..	7.0	..	..	..
Vanuatu	9	60	3.5	3.90	4.8	11.5	8.3	15.4	3.5	7.5
Latin America and the Caribbean										
Haiti	88	..	0.9	1.13	4.7	26.1	5.6	27.2	5.9	10.4

Sources: Universal Postal Union, *Postal Statistics Database*, at <http://www.upu.org> (accessed on 21 April 2009); International Telecommunication Union, Country data by region (online) and *World Telecommunication/ICT Indicators*, at <http://www.itu.int/ITU-D/ict/ey/Indicators/Indicators.aspx> (accessed on 21 April 2009).

Table 12
Developed country trade barriers faced by exports from the least developed countries, 2000-2007

	2000	2001	2002	2003	2004	2005	2006	2007
Percentage of exports from LDCs admitted duty-free (excluding arms and oil)	70	71	74	78	80	80	79	80
Average tariffs on:								
– Agricultural exports from LDCs	3.7	2.7	2.8	2.8	3.2	3.1	2.8	2.1
– Textile exports from LDCs	6.5	6.6	6.0	5.8	5.2	5.3	5.2	5.0
– Clothing exports from LDCs	7.8	7.7	7.4	7.0	6.4	6.4	6.4	6.4
Duty-free access								
Most-favoured nation	34.9	30.4	31.3	29.3	29.1	31.4	26.4	28.0
Preferential	35.0	40.3	42.6	48.2	51.2	49.0	52.7	51.9
Total	69.8	70.7	73.9	77.5	80.3	80.4	79.1	79.8

Source: Millennium Development Goals Indicators (available at <http://mdgs.un.org/>), based on data from the World Trade Organization.

Table 13
Official development assistance to least developed countries,
Organization for Economic Cooperation and Development/
Development Assistance Committee donors

Country	Net disbursements								
	1996-1997			2006			2007		
	US\$ million	% of donor total	% of donor GNI	US\$ million	% of donor total	% of donor GNI	US\$ million	% of donor total	% of donor GNI
Australia	198	19	0.05	528	25	0.07	688	26	0.08
Austria	111	22	0.05	253	17	0.08	255	14	0.07
Belgium	224	27	0.09	733	37	0.19	779	40	0.17
Canada	401	21	0.07	1 287	35	0.10	1 564	38	0.11
Denmark	541	32	0.32	899	40	0.32	1 080	42	0.34
Finland	108	27	0.09	308	37	0.15	367	37	0.15
France	1 549	23	0.10	2 668	25	0.12	2 974	30	0.11
Germany	1 455	22	0.06	2 672	26	0.09	3 037	25	0.09
Greece	14	8	0.01	105	25	0.04	112	22	0.04
Ireland	83	46	0.14	537	53	0.28	608	51	0.28
Italy	417	23	0.04	804	22	0.04	1 312	33	0.06
Japan	1 662	18	0.04	3 401	31	0.08	2 531	33	0.06
Luxembourg	21	24	0.12	114	39	0.35	147	39	0.36
Netherlands	865	28	0.23	1 414	26	0.21	1 813	29	0.24
New Zealand	31	23	0.05	76	29	0.08	84	26	0.07
Norway	533	41	0.34	1 159	39	0.35	1 325	36	0.34
Portugal	143	61	0.14	194	49	0.10	207	44	0.10
Spain	171	14	0.03	797	21	0.07	1 125	22	0.08
Sweden	555	30	0.24	1 180	30	0.31	1 362	31	0.29
Switzerland	312	32	0.11	460	28	0.11	489	29	0.11
United Kingdom	830	25	0.07	3 896	31	0.16	4 028	41	0.15
United States	1 330	16	0.02	6 498	28	0.05	6 092	28	0.04
Total	11 552	22	0.05	29 983	29	0.09	31 976	31	0.09

Source: Organization for Economic Cooperation and Development, Development Assistance Committee, *OECD Journal on Development: Development Cooperation Report 2009* (Paris, 2009), table 31.

Table 14
Debt relief under the Heavily Indebted Poor Countries (HIPC) Initiative, and public and publicly guaranteed external debt service

Least developed countries in Heavily Indebted Poor Countries Initiative and debt relief status									
Least developed country	HIPC status		Debt relief, US\$ million				External debt service ratio (percentage) ^a		
	Pre-decision	Post-completion	February 2008		February 2009 ^b		2000	2006	2007
			World Bank ^c	IMF	Total HIPC	MDRI			
Africa									
Angola			..	..	..	..	20.7	13.6	10.2
Benin		x	53	20	366	604	11.9	7.0	..
Burkina Faso		x	181	46	772	603	14.9	..	..
Burundi		x	30	0	908	53	39.4	39.9	42.6
Central African Republic	x		..	..	611	..	..	..	..
Chad	x		41	9	227	..	..	..	..
Comoros			..	..	..	..	..	..	..
Democratic Rep. of the Congo	x		386	3	7 636	..	..	..	..
Djibouti			..	..	..	..	6.2	6.4	..
Equatorial Guinea			..	..	..	..	..	..	..
Eritrea			..	..	..	..	3.1	..	..
Ethiopia		x	213	47	2 575	1 458	13.0	6.8	4.1
Gambia		x	12	0	93	199	9.9	12.4	12.4
Guinea	x		79	5	761	..	20.4	..	13.1
Guinea-Bissau	x		35	1	581	..	..	..	..
Lesotho			..	..	..	..	11.3	3.9	7.0
Liberia	x		..	..	2 845	..	..	0.2	111.6
Madagascar		x	112	16	1 167	1 292	9.7	..	..
Malawi		x	130	37	1 310	705	13.4	..	..
Mali		x	140	49	752	1 043	12.8	4.4	..
Mauritania		x	49	38	868	450	..	..	..
Mozambique		x	553	108	2 992	1 057	12.5	1.8	1.3
Niger		x	79	34	899	519	7.7	26.6	..
Rwanda		x	102	51	908	225	24.1	9.7	3.2
Sao Tome and Principe		x	8	..	163	26	25.8	39.1	39.2
Senegal		x	103	38	682	1 374	14.3	5.8	..
Sierra Leone		x	40	107	857	352	67.1	8.7	2.5
Somalia			..	..	..	..	..	..	..
Sudan			..	..	..	..	9.7	4.1	3.3
Togo		x	..	..	270	..	6.3	2.4	..
Uganda		x	381	122	1 434	1 805	7.8	4.8	2.1

<i>Least developed countries in Heavily Indebted Poor Countries Initiative and debt relief status</i>									
<i>Least developed country</i>	<i>HIPC status</i>		<i>Debt relief, US\$ million</i>				<i>External debt service ratio (percentage)^b</i>		
	<i>Pre-decision</i>	<i>Post-completion</i>	<i>February 2008</i>		<i>February 2009^b</i>		<i>2000</i>	<i>2006</i>	<i>2007</i>
			<i>World Bank^a</i>	<i>IMF</i>	<i>Total HIPC</i>	<i>MDRI</i>			
United Republic of Tanzania		x	334	96	2 828	2 038	12.8	3.2	2.5
Zambia		x	178	508	3 489	1 632	20.8	3.8	2.5
Asia									
Afghanistan	x		..	..	571	..	..	..	..
Bangladesh			..	..	..	..	8.6	3.8	3.9
Bhutan			..	..	..	..	..	..	..
Cambodia			..	..	..	..	1.6	..	..
Lao People's Democratic Rep.			..	..	..	..	7.9	19.5	18.9
Maldives			..	..	..	..	4.3	4.4	5.1
Myanmar			..	..	..	..	3.9	1.7	..
Nepal			..	..	..	..	6.9	5.1	4.5
Timor-Leste			..	..	..	..	..	..	..
Yemen			..	..	..	..	4.5	2.4	2.7
Pacific									
Kiribati			..	..	..	..	..	..	..
Samoa			..	..	..	..	..	19.7	26.9
Solomon Islands			..	..	..	..	7.1	2.0	..
Tuvalu			..	..	..	..	..	..	..
Vanuatu			..	..	..	..	1.0	1.7	1.5
Latin America and the Caribbean									
Haiti	x		1	0	147	..	..	3.4	4.7
Least developed countries	8	19	3 237	1 335	36 712	15 435			

^a Net present value, end-2007 dollars.^b Net present value, end-2008 dollars.^c External debt service as a percentage of exports of goods and services and income abroad.Sources: World Bank, *World Development Indicators 09* (Washington, D.C., 2009), tables 1.4 and 6.9, and *World Development Indicators and Global Development Forum Online*, at <http://www.worldbank.org> (accessed on 15 April 2009).

Table 15
Improved water and sanitation

Least developed country	Percentage of population with improved access to drinking water						Percentage of population with improved access to sanitation						Urban and rural population				Annual growth rate (percentage)		
	Urban			Rural			Urban			Rural			Percentage urban		Urban			Rural	
	2000	2006	2000	2006	2000	2006	2000	2006	2000	2006	2000	2006	1995	2010	2005-2010	2005-2010			
	Urban	2006	2000	2006	Urban	2006	2000	2006	Urban	2006	2000	2006	1995	2010	2005-2010	2005-2010			
Africa																			
Angola	49	62	39	39	67	79	13	16	44	59	4.4	0.7							
Benin	76	78	57	57	51	59	8	11	37	42	4.0	2.3							
Burkina Faso	83	97	51	66	33	41	4	6	15	20	5.0	2.4							
Burundi	89	84	69	70	43	44	42	41	7	11	6.8	3.6							
Central African Republic	85	90	49	51	32	40	16	25	37	39	2.3	1.5							
Chad	46	71	30	40	21	23	3	4	22	28	4.7	2.2							
Comoros	93	91	85	81	42	49	22	26	28	28	2.7	2.4							
Democratic Rep. of the Congo	85	82	28	29	45	42	17	25	28	35	5.1	2.3							
Djibouti	88	98	61	54	76	76	11	11	79	88	2.2	-1.4							
Equatorial Guinea	45	45	42	42	60	60	46	46	39	40	2.8	2.1							
Eritrea	70	74	50	57	16	14	2	3	17	22	5.4	2.7							
Ethiopia	87	96	19	31	24	27	4	8	14	18	4.3	2.2							
Gambia	95	91	77	81	49	50	49	55	44	58	4.2	0.7							
Guinea	84	91	50	59	28	33	11	12	30	35	3.5	1.4							
Guinea-Bissau	79	82	49	47	48	48	22	26	30	30	3.3	2.9							
Lesotho	93	93	74	74	43	43	32	34	17	27	3.5	-0.3							
Liberia	75	72	49	52	51	49	10	7	50	62	5.7	2.8							
Madagascar	78	76	33	36	17	18	9	10	26	30	3.8	2.2							
Malawi	94	96	58	72	51	51	56	62	13	20	5.2	2.0							
Mali	74	86	42	48	57	59	36	39	26	33	4.8	2.2							
Mauritania	52	70	48	54	39	44	11	10	40	41	3.0	2.2							
Mozambique	77	71	25	26	51	53	16	19	26	38	0.7	0.4							
Niger	79	91	34	32	23	27	2	3	16	17	4.0	3.4							
Rwanda	86	82	62	61	33	34	24	20	8	19	4.2	2.4							
Sao Tome and Principe	89	88	73	83	28	29	15	18	49	62	3.0	-0.5							

Least developed country	Percentage of population with improved access to drinking water				Percentage of population with improved access to sanitation				Urban and rural population			
	Urban		Rural		Urban		Rural		Percentage urban		Annual growth rate (percentage)	
	2000	2006	2000	2006	2000	2006	2000	2006	1995	2010	2005-2010	2005-2010
Senegal	92	93	59	65	53	54	9	9	40	43	3.1	2.9
Sierra Leone	75	83	46	32	21	20	6	5	34	38	2.9	1.5
Somalia	36	63	17	10	44	51	10	7	31	37	4.2	2.2
Sudan	79	78	63	64	51	50	24	24	31	45	4.3	0.7
Togo	83	86	39	40	24	24	5	3	33	43	4.3	1.5
Uganda	85	90	52	60	28	29	32	34	12	13	4.4	3.1
United Republic of Tanzania	84	81	44	46	31	31	35	34	21	26	4.2	1.9
Zambia	89	90	36	41	53	55	47	51	37	36	2.3	1.7
Asia												
Afghanistan	37	37	17	17	43	45	27	25	20	25	5.4	3.4
Bangladesh	86	85	77	78	51	48	26	32	22	28	3.5	1.0
Bhutan	98	98	79	79	71	71	50	50	21	37	4.9	0.3
Cambodia	60	80	33	61	51	62	9	19	14	23	-	-
Lao People's Democratic Rep.	76	86	39	53	57	87	14	38	17	33	5.6	0.1
Maldives	99	98	82	76	100	100	42	42	26	41	5.3	0.3
Myanmar	83	80	66	80	74	85	53	81	26	34	2.9	-0.1
Nepal	95	94	81	88	42	45	17	24	11	18	4.9	1.4
Timor-Leste	77	77	56	56	64	64	32	32	23	28	5.0	2.9
Yemen	77	68	67	65	84	88	24	30	24	32	4.9	2.2
Pacific												
Kiribati	77	77	50	53	43	46	20	20	36	44	1.8	1.4
Samoa	92	90	88	87	100	100	100	100	22	23	1.7	0.6
Solomon Islands	94	94	65	65	98	98	18	18	15	19	4.1	1.9
Tuvalu	94	94	91	92	90	93	81	84	44	50	1.3	-0.5
Vanuatu	86	-	52	-	78	-	42	-	20	26	4.1	1.8
Latin America and the Caribbean												
Haiti	67	70	50	51	38	29	16	12	33	50	4.5	-1.0

Sources: United Nations Children's Fund and World Health Organization, *Progress on Drinking Water and Sanitation: Special Focus on Sanitation* (Geneva and New York, 2008); and United Nations Population Division, *World Urbanization Prospects: The 2007 Revision* (<http://esa.un.org/unup/index.asp>).

Table 16
Transportation

Least developed country	Roads				Railways				Air transport			
	Total road network (km)		Paved roads (percentage)		Route (km)		Freight (mil. ton-km)		Departures (thousands)		Air freight (mil. ton-km)	
	2000	2003/07	2000	2003/07	2000/07	2000/07	2000	2006/07	2000	2006/07	2000	2006/07
Africa	51 429	..	10	..	..	..	..	..	4.4	5.3	61.0	73.0
Angola	..	19 000	..	19	..	..	..	..	..	..	12.0	..
Benin	..	92 495	..	4	..	..	..	..	3.4	1.6	12.0	..
Burkina Faso	14 480	12 322	7	10	..	..	..	..	..	..	..	..
Burundi	24 307	..	..	..	..	..	..	..	..	..	..	..
Central African Republic	33 400	40 000	1	..	..	..	..	..	..	..	..	..
Chad	880	..	77	..	..	..	..	..	1.5	..	12.0	..
Comoros	157 000	153 497	..	2	3 641	513	331	..	1.5	..	12.0	..
Democratic Rep. of the Congo	3 065	..	45	..	..	..	..	..	..	..	..	..
Djibouti	2 880	..	..	..	..	..	..	..	..	..	..	..
Equatorial Guinea	4 010	..	22	..	..	..	..	..	..	..	..	..
Eritrea	29 571	42 429	12	13	..	..	..	..	..	..	..	..
Ethiopia	2 700	3 742	35	19	..	..	..	..	26.6	37.5	78.0	160.0
Gambia	30 500	44 348	..	..	..	..	..	..	..	..	..	..
Guinea	..	..	28	..	..	..	..	..	..	..	..	..
Guinea-Bissau	5 940	..	18	..	..	..	..	..	..	..	..	..
Lesotho	10 600	..	6	..	..	..	..	..	..	..	..	..
Liberia	49 827	..	12	..	..	..	..	..	..	..	..	..
Madagascar	..	15 451	..	45	710	87	..	20.5	37.3	27.3	24.0	..
Malawi	15 100	18 709	12	18	733	279	38	4.8	5.9	0.8	1.0	..
Mali	7 660	11 066	11	27	..	..	189	1.5	1.5	12.3	..	..
Mauritania	30 400	..	19	..	..	..	..	3.8	1.8	12.5	..	..
Mozambique	14 658	18 550	26	21	..	..	..	6.7	10.8	7.2	6.0	..
Niger	12 000	14 008	8	19	..	..	..	1.5	..	12.3	..	..
Rwanda	320	..	68	..	..	..	..	..	..	..	..	..
Sao Tome and Principe	14 583	13 576	29	29	906	371	..	1.1	1.4	..	..	..
Senegal	..	..	..	..	..	..	384	2.4	..	12.3	..	..

Least developed country	Roads			Railways			Air transport		
	Total road network (km)			Route (km)			Freight (mil. ton-km)		
	2000	2005 (a)	Paved roads (percentage)	2000 (b)	2005 (c)	2000 (d)	2000	2005 (e)	2000 (f)
Sierra Leone	11 330		8					0.2	9.0
Somalia	22 109		12						9.6
Sudan	11 900		36						
Togo	7 520		32	5 478		1 164	766	7.8	36.5
Uganda		70 746						1.5	12.3
United Republic of Tanzania	88 200	78 791	23	259		210	218	0.3	29.7
Zambia	66 781		4	4 460		1 990	728	6.0	34.0
Asia			22	1 273				5.5	1.0
Afghanistan	21 000	42 150						6.1	6.4
Bangladesh	207 485	239 226	13					3.4	
Bhutan		8 050	10	2 855		777	817	6.3	11.1
Cambodia		38 257	62					1.1	2.6
Lao People's Democratic Rep.	21 716	29 811	6	650		92			4.3
Maldives			14						
Myanmar								6.4	10.0
Nepal	27 966	27 000	11					6.0	1.7
Timor-Leste	13 223	17 280	31					10.3	5.1
Yemen			57					29.2	13.2
Pacific								12.1	0.8
Kiribati	65 144	71 300	16					6.9	17.0
Samoa	670		9						8.0
Solomon Islands	2 337							14.6	32.0
Tuvalu	1 391								41.0
Vanuatu									
Latin America and the Caribbean	1 070		24						
Haiti	4 160		24					1.4	1.8
								1.6	2.0

Sources: World Bank, *World Development Indicators 09* (Washington, D.C., 2009), table 5.9, and *IDI and GDI Online*, <http://www.worldbank.org>, accessed on 23 April 2009. Compiled by the World Bank from data of the International Road Federation, the World Bank and the International Civil Aviation Organization.



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**Economic and environmental questions:
human settlements**

Coordinated implementation of the Habitat Agenda

Report of the Secretary-General

Summary

The present report highlights major developments in the coordinated implementation of the Habitat Agenda during 2008 and the first half of 2009. It underlines the raising of awareness on the part of the international community of the issues and challenges associated with rapid urbanization, including their consequences for the attainment of the Millennium Development Goals. This heightened awareness has led to an increase in the scope and depth of responses to these issues at the global, regional and country levels.

The report, while focusing on outcomes and results, also provides succinct analyses of their underlying rationale and processes. The outcomes and results include:

- Follow-up to the decisions of the twenty-first session of the Governing Council of the United Nations Human Settlements Programme (UN-Habitat) and, where relevant, decisions arising from its recently concluded twenty-second session. This part of the report reviews how the implementation of the medium-term strategic and institutional plan, within the context of system-wide reform, is contributing to the coordinated implementation of the Habitat Agenda at the global, regional and country levels, including the participation and contribution of UN-Habitat to the "Delivering as one" initiative at the country level;

* E/2009/100.



- Responses emerging from the growing realization on the part of the international community on the need to focus on the social, economic and environmental consequences of rapid urbanization in order to attain the Millennium Development Goals. This includes the growing number of collaborative arrangements and partnerships with and among agencies and organizations within the United Nations system and with non-governmental organizations.

The conclusion of the report is that the emerging but robust response by Governments and Habitat Agenda partners to the coordinated implementation of the Habitat Agenda and related Millennium Development Goals is a strong indication of the increasing internalization of the urban agenda by the world community. This realization calls for an equally robust decision by the Economic and Social Council to adopt and promote sustainable urbanization as a cross-cutting issue for more effective follow-up action within the existing social, economic and environmental pillars of sustainable development.

In the light of the convergence of the global and local environmental agendas and the critical role and contribution of cities in mitigating and adapting to the effects of climate change, the report also calls for the convening of a third United Nations Conference on Housing and Sustainable Urban Development in 2016.

I. Introduction

1. The present report has been prepared pursuant to paragraph (c) of Economic and Social Council decision 2008/239.
2. The report is presented under five broad sections as follows:
 - (a) Follow-up to the decisions of the twenty-first session of the Governing Council of the United Nations Human Settlements Programme (UN-Habitat), including progress in the implementation of the medium-term strategic and institutional plan for 2008-2013;
 - (b) Coordinated implementation with organizations and agencies within the United Nations system;
 - (c) Coordinated implementation with intergovernmental and international organizations outside the United Nations system;
 - (d) Coordinated implementation with other partners, including non-governmental organizations;
 - (e) Pointers for the future.

II. Follow-up to the decisions of the twenty-first session of the Governing Council of the United Nations Human Settlements Programme (UN-Habitat)

A. Implementation of the medium-term strategic and institutional plan

3. In accordance with the recommendations of the Governing Council at its twenty-first session, UN-Habitat prepared, in close consultation with the Committee of Permanent Representatives, an action plan for the implementation of its medium-term strategic and institutional plan for 2008-2013. The Committee of Permanent Representatives endorsed the action plan in December 2007.
4. The objective of the action plan is to kick-start a series of strategic and institutional reforms to enhance UN-Habitat's catalytic and pre-investment role in support of the coordinated implementation of the Habitat Agenda and the human settlements-related Millennium Development Goals. The highlights of these reforms include:
 - (a) A sharpened programmatic focus and improved programme alignment to fully exploit the comparative advantages of UN-Habitat and those of its partners;
 - (b) A concerted approach to and framework for normative and operational activities at the country level (Enhanced Normative and Operational Framework), including active participation in the "Delivering as one" initiative;
 - (c) A coordinated approach to advocacy, knowledge management and norm building;
 - (d) An experimental phase for applying innovative financial approaches for pro-poor housing and urban development.

5. The major outcomes and results of the first phase of the implementation of the medium-term strategic and institutional plan for 2008-2013 action plan include:

(a) The formulation of policy and strategy papers for the focus areas of the medium-term strategic and institutional plan, and of a results-based framework using "SMART" indicators, targets and priorities. These policy documents were presented in draft form to a wide spectrum of Habitat Agenda partners at the fourth session of the World Urban Forum in November 2008 for their feedback and inputs. The sharpened thematic focus contained in these policy documents is based on a careful analysis of the comparative advantages of UN-Habitat and of its partners. Implementation of the plan will not only contribute to improved programme alignment and cohesion, but also to better defining roles and working relations with partners both within and outside the United Nations system.

(b) The development of 33 Habitat country programme documents, including in six of the eight "Delivering as one" pilot countries. These documents mark an important step in the coordinated implementation of the Habitat Agenda at the country level. They are formulated in collaboration with concerned Governments, local stakeholders and United Nations country teams. They represent a first step in implementing the Enhanced Normative and Operational Framework at the country level, which aims to combine and leverage UN-Habitat policy, capacity-building and technical cooperation activities to contribute to more concrete and timely outcomes and results in the implementation of the Habitat Agenda and related Millennium Development Goals.

(c) The initiation of a concerted approach to advocacy, partnerships and knowledge management spearheaded by a global campaign on sustainable urbanization. This approach was marked by the establishment of the Cities and Climate Change Initiative and by the simultaneous launch of the *State of the World's Cities Report* and the first regional report on cities of the African region at the fourth session of the World Urban Forum. This regional approach is a new dimension of advocacy and of the mainstreaming of the Habitat Agenda as part of a new global campaign on sustainable urbanization.

(d) In accordance with resolution 21/10 of the Governing Council, UN-Habitat launched an experimental initiative in the financing of pro-poor housing and urban development. The initiative is designed to show how it is possible to eliminate one of the biggest barriers to urban poverty reduction by lowering the risks perceived by the domestic banking sector in providing housing finance for the urban poor on a sustainable basis.

6. The above outcomes and results are also referred to throughout the report in conjunction with relevant partners and institutions.

B. Guidelines on decentralization and the empowerment of local authorities

7. With the assistance of the Governments of India and Norway, the Advisory Group of Experts on Decentralization held meetings during the reporting period to develop a strategy for implementation and follow-up to the guidelines on decentralization and strengthening of local authorities that were approved by the Governing Council in its resolution 21/3.

8. A key element of the follow-up strategy is to disseminate the guidelines to a wider policy and operational audience. The guidelines are being packaged with region-specific annotations and are being produced in various languages. UN-Habitat has also held regional consultative meetings with ministers for local government from Africa in Yaoundé in June 2008 and from Latin America and the Caribbean in Quito in July 2008.

9. With the support of the Government of France, and through close collaboration with United Cities and Local Governments (UCLG), UN-Habitat continued work with the Global Observatory of Local Democracy and Decentralization, focusing on the compilation of country profiles. The country profiles will enable member States to compare notes and to exchange information on their respective laws.

C. Guiding principles on access to basic services for all

10. Pursuant to its resolution 21/4, the Governing Council established a group comprising of experts and a wide range of stakeholders to solicit further inputs to the draft guidelines on access to basic services for all that were presented to the Governing Council at its twentieth session. Stakeholders included UCLG, representatives of central Governments, public and private service providers and civil society organizations. Representatives from relevant United Nations bodies and regional and international financial institutions also participated actively in the work of the group.

11. With the support of the Government of France and Veolia Environnement, a series of regional consultations culminated with a global meeting on the occasion of the fourth session of the World Urban Forum.

12. The draft guidelines were submitted to and approved by the Governing Council of UN-Habitat at its twenty-second session. The Governing Council, in its resolution 22/8, requested UN-Habitat to develop, in coordination with the Habitat Agenda partners, training instruments and to assist interested Governments to adapt the guidelines to their national contexts. It also requested that the development of tools and indicators designed to support the implementation of the guidelines be coordinated with the ongoing work on the implementation of the guidelines on decentralization.

D. Cities and climate change and the sustainable development of Arctic human settlements

13. UN-Habitat developed a concept note for a project on enhancing the adaptive capacity of Arctic cities facing the impacts of climate change. On the basis of recent research findings by the United Nations Environment Programme (UNEP), the Intergovernmental Panel on Climate Change and other organizations, the proposed project is aimed at advising and supporting Arctic cities and towns that are vulnerable to various impacts of climate change by offering innovative approaches and solutions for urban, regional and national development planning. Under the project, norms for sustainable and harmonious human settlements development would be developed, promoted and implemented.

14. The project is expected to enhance global knowledge and understanding of the impacts of climate change on human settlements and the environment. It is designed to be implemented in collaboration with national, provincial and local authorities, international organizations, universities and research institutes, associations of indigenous people, city networks and the private sector. Discussions on implementation modalities with the UNEP GRID-Arendal Centre are at an advanced stage. An expert group meeting is planned for 2009, at which methodological challenges and funding arrangements will be further discussed.

15. The General Assembly, in its resolution 63/221, underscored the importance of the Habitat Agenda and the mandate of UN-Habitat regarding the issues of climate change. It encouraged "Governments to promote the principles and practice of sustainable urbanization and strengthen the role and contribution of their respective local authorities in applying those principles and practice, in order to improve the living conditions of vulnerable urban populations, including slum dwellers and the urban poor".

16. In order to facilitate greater coordination and a more concerted response to the challenges facing cities in the area of climate change mitigation and adaptation, UN-Habitat established the Cities and Climate Change Initiative, spearheaded by a global campaign on sustainable urbanization. The Cities and Climate Change Initiative builds on the comparative advantages of UN-Habitat in working with urban local authorities and its expertise in urban planning and management to support the efforts of all spheres of government in reducing the ecological footprint of cities while improving their safety and resilience to the effects of climate change.

17. Cognizant of the fact that cities are major contributors to greenhouse gas emissions and are highly vulnerable to the effects of climate change, the Governing Council, at its twenty-second session, adopted two resolutions related to sustainable urbanization: resolution 22/1, in which the Governing Council recommended the convening of a third United Nations Conference on Housing and Sustainable Urban Development in 2016; and resolution 22/3, on cities and climate change. Both resolutions will greatly boost awareness of the contribution of the Habitat Agenda to the global climate change agenda and will further enhance a coordinated approach to their implementation.

E. Urban youth development

18. The results of a survey on youth-led development initiatives and 200 good practices in youth-led development from around the world were disseminated at the fourth session of the World Urban Forum. The Opportunities Fund for Urban Youth-led Development was launched at the same session. The application and operational guidelines and application forms have been prepared and widely shared with Habitat Agenda partners interested in urban youth issues. The call out for the first round of applications was launched on 25 March 2009. At its twenty-second session, the Governing Council adopted resolution 22/4, on strengthening the development of urban young people. In that resolution, the Governing Council encouraged Governments to give priority and support to youth-led development initiatives, invited multilateral agencies, Governments, the private sector and civil society to listen to youth and develop policies on their development based on participatory processes; and invited multilateral agencies, Governments, the private sector and

civil society to promote the Opportunities Fund to youth-led organizations within their respective regions and to encourage such organizations to apply for the Fund. It also invited multilateral agencies, Governments, the private sector and civil society to contribute voluntarily, wherever possible, to the Opportunities Fund. It requested the Executive Director to ensure that urban youth development issues are reflected substantively in future issues of the *Global Report on Human Settlements* and of the *State of the World's Cities Report*.

19. The UN-Habitat Youth Empowerment Programme continued to work in the Kibera slum and the Mavoko informal settlement on the outskirts of Nairobi to provide on-the-job training for youth through the construction of their own youth training centre. The Programme will also serve as a regional hub in East Africa for innovative and appropriate technology training in construction. The programme aims to equip young people with managerial and organizational skills, certification and apprenticeship experience that will allow them to compete successfully for jobs in the construction industry. One hundred and fifty youth have graduated in the fields of construction, leadership and ICT training.

20. In a similar vein, an international youth-led urban development platform, the World Urban Youth Forum, has been established to bring together youth formations that are otherwise not represented in the formal youth structures that function in the global, regional and national arenas. A youth advisory board was also established to contribute to the decision-making and implementation processes of UN-Habitat work on youth issues. The Governing Council, in its resolution 22/4, requested the Executive Director to provide the necessary mechanisms for the World Urban Youth Forum to be recognized as an integral part of the World Urban Forum.

F. Sustainable public-private partnership incentives for attracting large-scale private-sector investment in low-income housing

21. Working relationships with the private sector marked a major shift in 2008 as a result of the medium-term strategic and institutional plan. The basic concept moved beyond the realm of corporate social responsibility to looking at core business practices for sustainable urbanization. To this end, UN-Habitat enhanced its advocacy and knowledge management work and initiated new forms of partnerships and cooperation at the global and country levels with, among others, international and domestic financial institutions, water utility companies and the real estate sector.

22. The objectives of the UN-Habitat approach to public-private partnerships are twofold. The first objective is pre-investment packaging whereby efforts in policy reform, capacity-building and technical assistance are designed to mobilize a mix of public expenditures and private investments in housing and urban development. The second objective is to show governments and international and domestic financial institutions that business models for pro-poor housing and urban development are indeed viable and beneficial to economic development.

23. UN-Habitat advocacy knowledge management work intensified on the human settlements financing tools and best practices initiative. Work under this initiative has begun on the systematic documentation of asset-based approaches to community development, including cooperative approaches to housing development, social investment funds, urban community development funds, community-based housing

finance initiatives and community mortgage programmes. The initiative has further strengthened research on the links between the economy and housing and between the economy and finance.

24. Upon the invitation of the Secretary-General of the United Nations, UN-Habitat launched the Water Operators Partnership Programme, a network that is anchored with and supported by Abu Dhabi Water and Electricity Authority, the Google Foundation and the Government of Spain. The Programme provides municipal water operators in Africa, Asia and Latin America and the Caribbean with a platform for exchanging strategies and applying best practices in the delivery of clean drinking water to informal settlements and slums.

25. On the public-private partnership front, UN-Habitat pursued joint activities with private sector companies that seek to make use of the core competencies and comparative advantages of those companies. The objectives are twofold: to improve the living conditions of the urban poor and to harness the capacity, know-how and technology of the private sector in support of actions aimed at mitigating and adapting to climate change. Partnerships were implemented on various issues with India and Nepal, and in the Lao People's Democratic Republic, among other countries.

G. Africa fund/financing mechanism on slum prevention and upgrading

26. In 2008 UN-Habitat provided technical and substantive support to the second African Ministerial Conference on Housing and Urban Development, held in Abuja in July 2008. The main theme of the conference was "Goal 7, target 11: overcoming the finance and resource challenges for sustainable housing and urban development". The Conference brought together ministers and experts who adopted the Abuja Resolution and an action plan that provides guidelines on financing housing, slum upgrading and urban development.

H. Women's land and property rights and access to finance

27. UN-Habitat continued to provide technical assistance and advisory services to women's land access trusts in Ghana, Kenya, Uganda and the United Republic of Tanzania, while providing support for the formation of new land access trusts in Burundi, Ethiopia, Mozambique and Rwanda. Educational and peer-learning tours were organized for community leaders working with these new trusts.

28. The experience in Uganda and the United Republic of Tanzania shows that a combination of credit enhancements, community savings and technical assistance can make a big difference in facilitating access to land and housing by the urban poor and by poor women in particular.

29. UN-Habitat prepared a gender equality action plan in consultation with a wide range of partners, independent experts and international and intergovernmental organizations. The plan was presented to and endorsed by the Governing Council of UN-Habitat at its twenty-second session in April 2009. Fully compliant with the medium-term strategic and institutional plan for 2008-2013, the plan will contribute

to improving programme focus and alignment and to coordination within and outside the United Nations system.

I. Strengthening the United Nations Habitat and Human Settlements Foundation: experimental financial mechanism for pro-poor housing and infrastructure

30. UN-Habitat continued to strengthen its catalytic role in facilitating cooperation between domestic banks, local authorities and urban poor organizations to mobilize and package domestic capital, public investment and community savings for slum upgrading. These efforts were buttressed by the launching of experimental reimbursable seeding operations and other innovative mechanisms. This facility will offer loans and credit enhancements through domestic financial institutions to stimulate private investment in housing and basic services to underserved populations. The goal of the experimental reimbursable seeding operations and other innovative mechanisms is to develop innovative models showing how financing for affordable housing can be undertaken by combining the efforts of the private sector, microfinance and community financing arrangements. The lessons from the experiments will help inform policies and strategies that have the potential of benefiting millions of urban poor who currently do not have access to formal credit facilities.

31. UN-Habitat further developed its working relationships with financial institutions such as the Bank of America as part of its effort to mobilize capital for reimbursable seeding-type initiatives in Latin America, Asia and Africa. The focus of these and other arrangements is on initiating credit enhancement instruments to domestic banks to reduce the perceived and actual risks in investing in pro-poor housing.

32. The short-term implications and longer-term impact of the current financial and economic crisis on the availability of funds for and the willingness of financial institutions to engage in low-income housing and infrastructure finance was the subject of a dialogue during the twenty-second session of the Governing Council. Experts and representatives of all Habitat Agenda partners called for member States to establish sound and conducive frameworks and mechanisms to enable extended public and private investment in slum upgrading and prevention, affordable housing and urban development including infrastructure and basic services. The dialogue also called for UN-Habitat to continue its efforts in testing new methods of delivering affordable housing finance through such programmes as the Slum Upgrading Facility and the experimental reimbursable seeding operations and other innovative mechanisms.

33. The Governing Council, at its twenty-second session, strongly endorsed the idea that a special event at the General Assembly be devoted to affordable finance for pro-poor housing and urban development and recommended that such an event should take into account, among other things, the recommendations emanating from the dialogue on affordable housing finance and climate change.

J. Flagship reports

34. The *Global Report on Human Settlements 2007*, entitled *Enhancing Urban Safety and Security*, addressed three major threats to the safety and security of cities: urban crime and violence, insecurity of tenure and forced evictions, and natural and human-made disasters. It analysed worldwide trends with respect to each of these threats, paying particular attention to their underlying causes and impacts and good policies and best practices that have been adopted at the city, national and international levels in response to these threats.

35. The report highlighted several policy responses aimed at reducing crime and violence, ranging from effective urban planning, design and governance to community-based approaches through which communities take ownership of crime and violence prevention initiatives, to the reduction of risk factors through a focus on groups.

36. The *State of the World's Cities Report 2008/2009* adopted the concept of harmonious cities as a theoretical framework to understand today's urban world and as an operational tool to confront the most important challenges facing urban areas and their development processes. For that purpose, it focused on three key areas:

(a) Spatial or regional harmony, by which it explored the determinants of urban growth and decline and the consequences of asymmetrical regional development and rural-urban disparities;

(b) Social harmony, by which it presented a preliminary global analysis of income and consumption inequality at the city level and degrees of shelter deprivation in various cities and how they adversely affect social and economic development;

(c) Environmental harmony, under which rubric it contributed to the climate change debate by presenting data on energy consumption at the city and household levels and showing which cities and urban populations will be most at risk from rising sea levels.

37. The findings of the *State of the World's Cities Report* set the tone for and informed many of the dialogues and deliberations of the fourth session of the World Urban Forum.

K. World Urban Forum

38. The fourth session of the World Urban Forum was held under the theme "Harmonious urbanization: the challenge of balanced territorial development". The theme was supported by six sub-themes that provided the main focus for the four-day session: "Territorial balance in urban development"; "Promoting social equity and inclusiveness"; "Making cities productive and equitable"; "Harmonizing the built and natural environments"; "Preserving the historical roots and soul of the city"; and "A city for all generations".

39. The quest for innovative ideas and practical solutions in respect of these themes was evident in the 6 dialogues, 8 round-table discussions and more than 140 networking events and seminars that took place in Nanjing. Ministers, mayors, academics, community-based organizations, professional associations and

non-governmental organizations and members of the private sector shared their insights and experiences on what would improve the quality of life in the world's growing cities. The inclusive approach adopted at the Forum and in its discussions among all partners represents a model for the future development of cities.

40. Lessons learned from the success of the Forum in mobilizing Habitat Agenda partners, as well as new partners, to engage in dialogue and the sharing of good policies and best practices have been incorporated into the strategy for the global campaign on sustainable urbanization. The campaign, known under the street name of the World Urban Campaign, is an integral part of the medium-term strategic and institutional plan. It will spearhead the advocacy and information activities of UN-Habitat and provide the framework and facility for partnering to further the coordinated implementation of the Habitat Agenda.

41. At its twenty-second session, the Governing Council, in recognizing that the World Urban Forum has become the premier global event on housing and sustainable urban development issues, called for a certain number of measures to maintain the momentum of the Forum, to firmly anchor the Forum within the formal United Nations calendar of meetings, and to strengthen the synergies between the outcomes of the Forum and the medium-term strategic and institutional plan.

III. Coordinated implementation with organizations and agencies within the United Nations system

A. System-wide coherence

42. The Chief Executives Board, at its meeting of April 2007, recognized that many of the challenges facing the United Nations system could be met only if the system brought to bear its collective capacities in a coherent and mutually supportive manner and that would allow it to deliver as one, especially in dealing with issues related to climate change.

43. UN-Habitat participated in the Executive Committee on Economic and Social Affairs task force on the thematic cluster on sustainable development and human settlements, and provided input in support of greater harmonization of budget submissions to the Office of the Controller.

44. One of the recommendations of the report of the High-level Panel on United Nations system-wide coherence, entitled "Delivering as one" (see A/61/583) was to place the United Nations Development Group directly under the auspices of the Chief Executives Board to improve coherence and coordination on policy, management and development issues. The "Delivering as one" initiative is viewed by UN-Habitat as a unique opportunity to forge a more effective and coordinated response to the implementation of the Habitat Agenda at the country level. UN-Habitat has actively participated in and contributed to all of the main working groups of the United Nations Development Group. It has consistently advocated an inclusive approach to the work of the United Nations country teams.

45. UN-Habitat used its Enhanced Normative and Operational Framework for country-level activities to engage United Nations country teams in six of the eight "Delivering as one" pilot programmes, with the aim of mainstreaming the Habitat Agenda into country programming and priority setting. Lessons learned are being

incorporated into the next phase of the Framework, which will include country support teams for follow-up activities.

B. Inter-agency Standing Committee

46. In May 2008, the Executive Director of UN-Habitat was invited by the Emergency Relief Coordinator and Under-Secretary-General for Humanitarian Affairs to participate in the Principals meeting on the Inter-Agency Standing Committee. In August 2008, UN-Habitat successfully concluded a joint agreement with the International Federation of Red Cross and Red Crescent Societies, pursuant to which UN-Habitat will provide support for the Committee's emergency shelter cluster and will play a shelter recovery coordination function within the early recovery cluster in Myanmar.

47. Responding to requests from the Inter-Agency Standing Committee protection cluster in Geneva, UN-Habitat fielded several missions to the Democratic Republic of the Congo. UN-Habitat also embarked on the development of a series of tools and guidelines on behalf of the Standing Committee global cluster system addressing post-disaster shelter options, post-disaster land administration guidelines and tools, and post-conflict land tenure guidelines and toolkit. A direct by-product of UN-Habitat membership in the Standing Committee has been improved access to the Central Emergency Response Fund. In the past year, UN-Habitat has received funds for two projects in Pakistan and one project in Nepal.

C. United Nations Industrial Development Organization and Food and Agriculture Organization of the United Nations

48. Cooperation continued with the United Nations Industrial Development Organization (UNIDO) on the promotion of high-value agricultural-based products aimed for urban markets within the framework of the Lake Victoria Local Economic Development Initiative. Both UN-Habitat and UNIDO, in cooperation with the Common Fund for Commodities, the Food and Agriculture Organization of the United Nations (FAO), the International Fund for Agricultural Development (IFAD), the International Labour Organization (ILO) and the World Food Programme (WFP), provide technical support for the implementation of local development activities that strengthen urban-rural linkages.

D. UN-Water

49. Working under the auspices of UN-Water Africa and in close collaboration with the African Development Bank, UN-Habitat contributed significantly to the work of the African Ministers' Council on Water, including in connection with the first African Water Week, held in Tunis, in March 2008, and the draft Sharm el-Sheikh declaration, a key document presented during the eleventh ordinary session of the Assembly of Heads of State and Government of the African Union, which took place in June 2008.

E. UN-Energy

50. In April 2008, during the first International Conference on Renewable Energies in Africa, held in Dakar, UN-Habitat was elected Chair of UN-Energy Africa for the period 2008-2010. UN-Habitat has taken part in all UN-Energy meetings and contributed substantively to the debate.

51. In collaboration with UNEP and the Governments of five East African countries (Burundi, Kenya, Rwanda, Uganda and United Republic of Tanzania), the project "Promoting Energy Efficiency in Buildings in Eastern Africa" is being developed with funding from the Global Environment Facility under the focal area on climate change. UN-Habitat has initiated projects in the area of renewable energy technologies to provide environmentally sound urban infrastructure and services. Lessons learned from these clean energy initiatives will be shared among the members of the UN-Energy family.

F. United Nations Educational, Scientific and Cultural Organization

52. The United Nations Educational, Scientific and Cultural Organization (UNESCO) and UN-Habitat continue to collaborate in promoting the sustainable urbanization agenda through normative work, research, capacity-building and knowledge management.

53. UNESCO and UN-Habitat are jointly disseminating a series of best practices on social sustainability in historic districts, including two joint publications released in 2008: a manual for local authorities entitled "Historic districts for all: a social and human approach for a sustainable revitalization", and another publication entitled *Best Practices on Social Sustainability in Historic Districts*. Training and learning events using these materials were organized jointly in Seville, Spain, in May 2008, and in Nanjing, China, in November 2008, on the occasion of the fourth session of the World Urban Forum.

G. United Nations Institute for Training and Research

54. UN-Habitat worked together with the United Nations Institute for Training and Research (UNITAR) to produce draft guidelines on access to basic services. The two have been helped in their efforts by an expert group comprising representatives of United Nations bodies, the World Bank, UCLG, service providers and non-governmental organizations. UN-Habitat and UNITAR have also begun to work with Veolia Environment to develop guidebooks targeted at elected and appointed policymakers, in response to the need to build capacity to implement guidelines. Veolia Environment is a large private sector firm providing advisory services and technical assistance in the field of the environment and basic services.

55. UN-Habitat and UNITAR are also collaborating on local government training and capacity-building. Within the reporting period, joint needs assessments were carried out in the occupied Palestinian territories. This was followed by training-of-trainers workshops for training of municipal councillors, making use of UN-Habitat capacity-building tools.

H. United Nations Housing Rights Programme

56. UN-Habitat continued its collaboration with various partners as part of the United Nations Housing Rights Programme (UNHRP), an initiative jointly implemented by UN-Habitat and the Office of the United Nations High Commissioner for Human Rights. UN-Habitat and the Centre on Housing Rights and Evictions (COHRE) cooperated in the updating of housing rights legislation, which was published through the Housing Rights Documentation Centre on the UN-Habitat website. Funded by UN-Habitat, COHRE continued producing the *Housing and ESC Rights Law Quarterly*, a housing, economic, social and cultural rights advocacy tool. UN-Habitat contributed to a project of the High Commissioner on the development of a set of indicators for monitoring compliance with the right to adequate housing.

I. United Nations Environment Programme

57. Cooperation and coordination between UNEP and UN-Habitat has been further expanded and institutionalized. Staff members of the two programmes meet monthly to coordinate their activities and discuss implementation of joint activities. In addition, a new partnership framework, the Partnership Framework 2008-2013, was developed during the period 2007-2008, and was adopted by senior management of both organizations. As a result, a joint implementation plan for 2008-2009 was agreed that focuses on five key areas: (i) cities and climate change, with a special focus on Africa; (ii) eco-mobility; (iii) waste management; (iv) cities: biodiversity and ecosystems; and (v) joint outreach activities.

58. The role of cities in climate change is an increasing focus of attention, given that cities are major consumers of energy and contributors to greenhouse gas emissions. At the same time, urban residents are severely affected by climate change, especially in developing countries, for example, through the destruction of housing and basic services and health threats. Cities must play a major role in any global initiative, if it is to succeed. Their practical action on the ground is essential to reducing greenhouse gas emissions and to protecting their citizens from the effects of climate change.

59. In response to this challenge, UN-Habitat launched the Cities and Climate Change Initiative. The initiative aims to promote dialogue between national and local levels, to raise awareness of the particular vulnerability of the urban poor to climate change, and to develop local government capacity to respond to climate change challenges. The initiative works closely with UNEP, the United Nations Framework Convention on Climate Change, the United Nations Development Programme, UNFPA, UNITAR, the World Bank, Cities Alliance, UCLG, the International Council for Local Environmental Initiatives (ICLEI) and other relevant organizations. The Governing Council, at its twenty-second session, adopted resolution 22/3, in which it invited Governments to "widen the geographical scope of the initiative and to expand the range of capacity-development approaches in order to support local authorities in addressing climate change".

60. The two agencies are also intensifying their cooperation to provide a better and wider range of services to local and national governments in the field of urban environment. The aim is to enable cities to better assess and prioritize local

environmental concerns and to have a voice in national and global environmental debates, particularly in areas such as climate change, land-based sources of marine pollution and the use of ecosystems. Helping countries and cities to implement global norms, agreements and conventions will allow them to link global concerns to local issues.

J. United Nations Development Programme

61. UN-Habitat, through United Nations country teams and joint programming with UNDP and other United Nations partners, contributed actively to mobilizing national resources and external support for attaining the human settlements-related Millennium Development Goals. Activities emphasized strengthening local and national capacities in human settlement development and management.

62. To date, 39 Habitat Programme Managers are operating out of UNDP Offices around the world: 25 in Africa, 8 in Asia and 6 in Latin America and the Caribbean. Habitat Programme Managers proved their worth throughout 2008 by helping to implement the Enhanced Normative and Operational Framework and assisting in the development and approval of UN-Habitat country programme documents in 33 countries.

K. International Labour Organization

63. UN-Habitat and ILO, jointly with UNDP, continue to share tools and experiences on public and private partnerships. During the reporting period two training workshops on pro-poor public and private partnerships were organized, as a result of which the subject of such partnerships has been fully integrated into the annual programme of courses offered by the ILO International Training Centre.

64. In response to the growing challenge of urban unemployment, ILO, UN-Habitat and the Swedish International Development Cooperation Agency, through a grant from the Cities Alliance, are preparing a policy advisory note focusing on integrating employment into city development and slum upgrading strategies and urban infrastructure investments.

L. World Bank Group

65. UN-Habitat and the World Bank Group deepened their working relations through joint programming. The Urban Anchor served as the unit within the World Bank Group for the coordination of joint programming with UN-Habitat. The work was coordinated through two vice-presidencies: the Finance and Private Sector Development Network and the Sustainable Development Network. The vice-presidency for finance also provided advisory support to the Steering and Monitoring Committee of the UN-Habitat experimental reimbursable seeding operation. Joint programming initiatives were also undertaken in support of the Global Urban Observatory, which seeks to monitor trends in urbanization and slum formation.

66. UN-Habitat worked with the Water Anchor of the Sustainable Development Network to launch pre-investment capacity-building in water demand management,

with the aim of accelerating World Bank investments in water and sanitation in select countries in Africa, Asia and Latin America. UN-Habitat prepared inputs for the *World Development Report 2009* and the World Bank prepared inputs for the *State of the World's Cities Report 2008*.

M. WHO and UNICEF

67. In a three-way collaboration UN-Habitat, the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) are implementing joint projects, including an arsenic mitigation project in Nepal. UN-Habitat is also working closely with UNICEF and WHO in supporting the Government of Nepal in the development of a sanitation programme.

N. Gender equality and mainstreaming

68. As an active member of the Inter-Agency Network on Women and Gender Equality, UN-Habitat serves on various task forces, including the Task Force on Violence against Women, which is spearheading a system-wide response to the campaign of the Secretary-General on the theme, "Unite to end violence against women". UN-Habitat also serves on the United Nations Development Group gender task force on strengthening gender mainstreaming at the country level and the gender and water task force.

69. UN-Habitat has forged a partnership with the United Nations Capital Development Fund, the United Nations Development Fund for Women (UNIFEM) and UNDP to support local governments in Mozambique, Rwanda, Senegal, Sierra Leone and the United Republic of Tanzania on women's safety in urban areas and the promotion of gender equality in local governments.

70. In a similar vein, UN-Habitat reached an agreement with UNIFEM to develop a joint training programme on women's safety audits and to address violence against women in public spaces in cities in Latin America and the Caribbean.

O. Regional commissions

71. During its twenty-first session, the Governing Council mandated UN-Habitat to start preparing a state of the region's cities report series to complement the *State of the World's Cities Report* series. To date, two reports have been prepared in close collaboration with their respective regional commissions. The first *State of the African Cities Report 2008* was prepared jointly with the Economic Commission for Africa (ECA) and was launched at the fourth session of the World Urban Forum. The first state of Asian cities report is due to be launched on the occasion of World Habitat Day in October 2009, the result of a joint effort with the Economic and Social Commission for Asia and the Pacific (ESCAP). In a similar vein, preparations are under way for regional reports for Latin America and the Caribbean and for Eastern European States, in collaboration with ECLAC and the Economic Commission for Europe, respectively.

IV. Coordinated implementation with intergovernmental and international organizations outside the United Nations system

A. European Union/European Commission

72. The European Commission (EC) and its humanitarian arm — the European Commission Humanitarian Aid Office — have been contributing to UN-Habitat-designed projects in 15 African, Caribbean and Pacific (ACP) countries designed to improve living conditions of the poorest of the poor. Lessons learned from the first phase of the project are being integrated into an expanded programme involving 30 countries. The programme is designed to build capacity at the local and national levels to achieve the Millennium Development Goals through slum upgrading and prevention policies and improvements in urban infrastructure and services. Negotiations are under way to extend the programme to all 79 ACP member States. UN-Habitat expects that the expanded programme will be launched in mid-2009 during a joint EC/ACP/UN-Habitat high-level conference on urbanization challenges in the ACP countries, to be held in Nairobi.

B. Regional ministerial meetings

73. UN-Habitat assisted in the preparation of the substantive background documents for the second African Ministerial Conference on Housing and Urban Development. The Conference theme was "Goal 7, target 11: overcoming the finance and resource challenges for sustainable housing and urban development". The Conference adopted the Abuja Resolution and an action plan that provided guidelines on financing for housing, slum upgrading and urban development in general.

74. UN-Habitat also facilitated the deliberations of a working group on the delivery of the Millennium Development Goals on water and sanitation during the second Asia-Pacific Ministerial Conference on Housing and Urban Development, which was held in Teheran in May 2008 and led to the adoption of an action plan.

C. Global Parliamentarians on Habitat

75. The Global Parliamentarians on Habitat continued to play a very active role in raising awareness of the policy and legislative issues relating to sustainable urbanization and urban poverty reduction. Members of the group helped shape the agenda of a number of global events to help mainstream the Habitat Agenda and the human settlements-related Millennium Development Goals, including a parliamentarians' round table at the fourth session of the World Urban Forum.

76. Cooperation with the regional chapters of the Global Parliamentarians on Habitat enabled UN-Habitat to present and compare its findings on emerging trends and issues in housing and urban development at the global levels with perceived priorities at the regional level. This intensified collaboration between UN-Habitat and regional groups of parliamentarians will allow for improved synergies with the regional ministerial meetings on housing and urban development and will help focus

the production of regional state of cities reports. This synergy will further complement and inform the Enhanced Normative and Operational Framework for country level activities and collaboration with, inter alia, regional financial institutions, the regional economic and social commissions, and other Habitat Agenda partners.

D. Regional development banks

77. The African Development Bank, through the UN-Habitat Water for African Cities Programme, is currently operational in 18 cities in 15 countries. The Bank's Zanzibar Water and Sanitation Project has led to a fast track process for the signing of loan agreements. In Kenya further support for preparatory work for a sanitation diagnostic study for 26 communities in the Lake Victoria South Water Services Board under that project is almost complete.

78. A recent partnership between UN-Habitat and the East African Community has provided a framework of collaboration for expanding the Lake Victoria Water and Sanitation Initiative to another 15 towns in 5 countries. This is to be done in partnership with the African Development Bank.

79. UN-Habitat continued its strategic partnership with the Asian Development Bank. A second memorandum of understanding between UN-Habitat and the Bank was signed in 2007, covering the period 2007-2011. The memorandum commits each of the two partners to provide \$10 million in grant funds for raising political awareness, building capacity, implementing pilot and demonstration projects and preparing investment plans for Asian cities.

80. During the reporting period, UN-Habitat entered into a strategic partnership with the Inter-American Development Bank. A memorandum of understanding between UN-Habitat and the Inter-American Development Bank enabled UN-Habitat to initiate in 2008 a number of projects in the Plurinational State of Bolivia and Mexico.

V. Coordinated implementation with other partners, including non-governmental organizations

A. Local authorities

81. Local authorities are front-line actors and the closest partners to central Governments in implementing the Habitat Agenda. Cooperation with local authorities thus cuts across all UN-Habitat work at the global, regional and country levels.

82. At the global level the main focus of cooperation during the period under review was with UCLG to develop a strategy for disseminating the Guidelines on decentralization and the empowerment of local authorities, adopted by the Governing Council at its twenty-first session.

83. UCLG also participated actively in providing inputs for the policy and strategy papers for the global campaign on sustainable urbanization and focus areas 2 and 3 of the UN-Habitat medium-term strategic and institutional plan.

84. Also at the global level, UNEP, UN-Habitat and ICLEI-Local Governments for Sustainability entered into a tripartite agreement focusing on the role of cities in global environmental issues and city-to-city cooperation. UNEP, UN-Habitat and ICLEI have been working together on many issues and events, including the event "Local action — local solutions", held during the thirteenth session of the Conference of the Parties to the United Nations Framework Convention on Climate Change, in December 2007, and on the Local Government Climate Sessions, held during the fourteenth session of the Conference, in December 2008.

85. At the country level, one of the areas of growing interest and demand has been UN-Habitat collaboration with local authorities in the area of crime prevention and safety, with a particular focus on women and youth. Joint safety audits leading to crime prevention strategy formulation were carried out with local authorities in Burkina Faso, Burundi, Kenya and United Republic of Tanzania in Africa; in Colombia, Jamaica and Mexico in Latin America and the Caribbean; and in Serbia in Europe.

B. Civil society

86. Members of the Advisory Group on Forced Evictions to the Executive Director of UN-Habitat come from key Habitat Agenda partners such as the Asian Coalition for Housing Rights, COHRE, Environment and Development Action: ENDA-Tiers Monde, Habitat International Coalition, International Alliance of Inhabitants and Slum Dwellers International. The Advisory Group launched its second report and contributed to a training event on alternatives to unlawful forced eviction at the fourth session of the World Urban Forum, which was jointly organized with the Institute for Housing and Urban Development Studies, COHRE and the Huairou Commission. Together with the International Cooperative Alliance, UN-Habitat prepared the document "Cooperative Housing Bibliography for Developing Countries".

87. The Global Land Tool Network, an initiative led by UN-Habitat and global partners, was addressed during the reporting period. There are over 30 regional and international partners that form the Network, including multilateral and bilateral organizations, members of international civil society, professional associations and research and training institutions. UN-Habitat organized an expert group meeting on the production of guidelines for land policy for Africa in collaboration with the African Union, the Economic Commission for Africa and the African Development Bank. Work was also undertaken with COHRE, Hakijamii, the Huairou Commission and Shack Dwellers International to identify key grass-roots issues that should be taken into account in developing affordable land registration, acquisition and management systems.

88. UN-Habitat works with Habitat Partner Universities in building the capacity of tertiary institutions in teaching and research regarding the sound development of human settlements to meet the needs relevant to their context. The pilot phase of this initiative ended with a round-table event at the World Urban Forum in Nanjing, in which 40 universities from all over the world participated.

C. Private sector and service providers

89. Since June 2008, Global Water Operators Partnership Alliance missions have been fielded, including with the Netherlands Water Partnerships, the Abu Dhabi Water and Electricity Authority and the Advisory Board on Water and Sanitation of the Secretary-General, in efforts to strengthen partnerships. The Abu Dhabi Water and Electricity Authority has agreed to establish a regional water and sanitation office within its offices in Abu Dhabi to host and further strengthen the Global Water Operators Partnership Alliance secretariat.

90. The Global Water Operators Partnership Alliance, in collaboration with Cap-Net, started the development of integrated water resource management capacity-building materials for water utilities and the development of a geo-referenced utility benchmarking system with Google and IBNet. Workshops were held in July and November 2008 in relation to these two initiatives.

91. Operational projects in the area of water and sanitation, housing and urban data management were also implemented with private sector firms. Firms included Coca-Cola India, Oxyana Mines Australia, Google, BASF, as well as Merrill Lynch/Bank of America in partnership with the Global Housing Foundation.

92. In April 2007 a meeting was held of the Business Partnership for Sustainable Urbanization on making cities better places to work, to live and to do business. The Business Partnership for Sustainable Urbanization was launched as a new platform to disseminate and share first-hand knowledge on urbanization issues, stimulate the private sector's interest and create a framework that invites business to contribute effectively to sustainable urbanization.

VI. Pointers for the future

93. The adoption of the medium-term strategic and institutional plan for 2008-2013 renewed UN-Habitat's commitment to partnerships and cooperation, the importance of which was recognized in the Habitat Agenda. A key objective of the medium-term strategic and institutional plan is for UN-Habitat to pursue a robust and truly catalytic role. This objective has permeated the work of the entire programme throughout its normative, capacity-building and operational activities.

94. This commitment to partnerships and to cooperation could not have come at a more opportune time. In effect, there is a convergence of what used to be perceived as two separate agendas: a global environmental protection agenda and a local urban development agenda. In the face of climate change, these agendas represent two sides of the same coin. In a rapidly urbanizing world, climate change mitigation and adaptation require very similar approaches and solutions. They both place cities at the front line of action. They both require more effective urban planning, management and governance. They both require a concerted effort to improve the resilience of urban infrastructure and basic services.

95. The current economic downturn was initially brought on by a housing finance crisis and, as such, serves as a stark reminder that housing and urban development constitute the foundations of modern economic growth, wealth creation and development. In a predominantly urbanized world, access to affordable housing and basic urban infrastructure and services becomes a key determinant in the attainment

of development goals, be it in the area of health, education, safety and security or gender equality.

96. In the light of the above, it is recommended that the Economic and Social Council adopt the following decisions and recommendations:

(a) To adopt and promote sustainable urbanization as a cross-cutting issue for more effective follow-up action within the existing social, economic and environmental pillars of sustainable development;

(b) To endorse the convening of a special event of the General Assembly devoted to the theme of affordable finance for housing and urban development in the light of the current economic downturn and financial crisis;

(c) To recommend to the General Assembly, in the light of the convergence of the global environmental agenda and the sustainable urbanization agenda, to convene in 2016 the third United Nations Conference on Housing and Sustainable Urban Development.



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Report of the Secretary-General**

Summary

Health is at the heart of the Millennium Development Goals. It is the specific subject of three Goals and a critical precondition for progress on most of them. Coherence and partnerships among United Nations entities, national and international actors, including Governments, civil society, the private sector, philanthropy and academia is crucial to helping countries achieve their health priorities.

Progress has been made in some areas, but much remains to be done. For many countries meeting the health goals remains a daunting task, especially since improving health outcomes is linked not only to the provision of health services, but also to interventions outside the health sector.

With more resources and greater political will, health targets can be reached. However, in this time of financial and economic crisis, there is a danger that social goals like health will be neglected. If this occurs, previous gains will be jeopardized and in both high- and low-income countries, it will be the most vulnerable groups of society that will be most negatively affected.

Progress in achieving the Millennium Development Goals must be sustained, but this will require new energy and stronger commitment. The report highlights priority actions and recommendations to achieve the health Millennium Development Goals and to ensure progress in the areas of universal health coverage, health system strengthening, and aid delivery and effectiveness.

* E/2009/100.

** The report is delayed in submission to allow for extensive consultations within the United Nations system.



Contents

	<i>Page</i>
I. Introduction	3
II. Global health today	4
III. Sustaining progress in times of crises	6
A. Impacts of the food crisis on health	6
B. Climate change and health	7
C. Countries emerging from conflict and natural disaster and health	8
D. Current financial and economic crisis and health	9
IV. Development cooperation for health	10
V. Challenge of inequities in health and access to health services	12
A. Inequities in health outcomes	12
B. Towards universal coverage	13
VI. Strengthening systems for health	14
VII. Health in all policies	15
VIII. Widening the circle of partnerships for health and enhancing their impact	15
IX. Priority actions and recommendations	17
X. Conclusion	20

I. Introduction

1. Promoting and securing health is an ethical imperative and a foundation for prosperity, stability and poverty reduction. Health is at the heart of the Millennium Development Goals and a critical precondition for progress on most of those Goals.
2. Over the past decade, progress in improving global health has been mixed. The gains in the prevention and treatment of HIV/AIDS, tuberculosis and malaria are encouraging. However, other areas like improving maternal and newborn health still need much more attention. Similarly, diseases of the poor such as neglected tropical diseases, and a growing number of health problems associated with non-communicable diseases continue to be widespread, notwithstanding the fact that for the most part they are easy to prevent and treat.
3. Across the board, inequities in health outcomes persist among and within countries. Most of the difference is attributable to the conditions in which people are born, grow, live, work and age. Underlying problems of gender inequality are a crucial part of those inequities, reflected in the great differences in the health of women and girls, who often lag behind men and boys.
4. Functioning, accessible and affordable health systems are essential to the delivery of health services, both preventive and therapeutic. The complexity and difficulty of quantifying interventions to strengthening the health system in terms of objectives and discrete actions have limited the efforts and investment in this area. Yet, health systems are a central building block for global health. Human resources are a key element of health systems that merit particular attention.
5. The Secretary-General has made global health a priority for the United Nations. He has brought together the leaders of United Nations health-related agencies and non-United Nations global health leaders from civil society, the private sector and foundations, along with researchers and academics. Together, they have looked into recent trends in global health, focused on critical priorities requiring immediate and long-term attention and explored how best to intervene to ensure the necessary progress.
6. Financial resources for health have increased dramatically in recent years, in large part channelled through the multilateral efforts of the Global Fund to Fight AIDS, Tuberculosis and Malaria, the work of the Global Alliance for Vaccines and Immunization, the engagement of the Gates Foundation, bilateral initiatives such as the United States President's Emergency Plan for AIDS Relief, and innovative financing mechanisms such as the international drug purchase facility, UNITAID. The dramatic expansion of funding, the surge of many players in the global health arena, as well as the high priority that the Secretary-General has given to the issue provide an important opportunity for progress.
7. At the same time, the growing number of new initiatives poses a challenge for coherence and coordination. Those initiatives have also left the global health sector fragmented and without long-term predictable financing to support the underlying health system. For that reason, greater coherence across initiatives and across sectors that contribute to improving health and the support and coordinated involvement of all areas of society are essential.
8. The current global financial crisis poses a new set of challenges to the achievement of health goals. As resources shrink, the pressure for national

Governments and international partners to cut their resource allocations to the health sector will be high. In response, a special effort will need to be made to ensure that previous commitments are not abandoned, to seek new ways of financing health expenditures, and to find smarter ways of working with limited resources. New technologies offer huge potential for doing more in a resource-constrained environment.

II. Global health today

9. In the past decade, progress in advancing global health has been uneven. Some success stories can be found in the global response to HIV/AIDS, malaria and tuberculosis. In contrast, less forward movement has been evident in the prevention, treatment and control of neglected tropical diseases and non-communicable diseases. The greatest disappointment is found in the area of maternal health, where the persistence of high mortality rates is unacceptable. The current H1N1 flu outbreak is a reminder that many diseases do not respect borders and can be addressed only through global cooperative action.

10. As a result of improvements in prevention programmes, the number of people newly infected with HIV declined from 3 million in 2001 to 2.7 million in 2007. Also, with the expansion of antiretroviral treatment services, the number of people who die from AIDS has started to decline, from 2.2 million in 2005 to 2 million in 2007. Following almost two decades of rapid epidemic expansion, those reversals constitute significant progress. HIV prevention has been successful in reducing high-risk sexual behaviours in the general population of many countries. Programmes to prevent mother-to-child transmission have also expanded. However, other indicators are less encouraging and much more needs to be done to achieve the full impact of scaled-up prevention programmes. It is critical to ensure linkages, and integrate service delivery models, between maternal, child and sexual and reproductive health programmes and HIV services. Sufficient political commitment, resources and programmes are needed to reach stigmatized populations vulnerable to HIV infection and its impact. These include injecting drug users, men who have sex with men, and sex workers. Coverage of interventions to prevent HIV among drug injectors has remained low. Stigma and discrimination persist. The vast majority of those living with HIV are in sub-Saharan Africa. Globally, women account for 50 per cent of people living with HIV and, in sub-Saharan Africa, the proportion of women is as high as 60 per cent. By the end of 2007, less than a third of the 9.7 million people in need of AIDS treatment in developing countries were receiving the necessary drugs.

11. There has been tremendous progress in prevention of malaria so far, but much still is left to be done, particularly in treating the disease. The number of insecticide-treated mosquito nets produced worldwide jumped from 30 million in 2004 to 95 million in 2007, which has led to a rapid rise in the number of mosquito nets distributed. As a result, out of 20 sub-Saharan African countries for which there are trend data, 16 have more than tripled their coverage since around 2000. Despite this progress, use of insecticide-treated mosquito nets falls short of global targets and efforts in this regard must increase.

12. Success in eradicating tuberculosis rests on early detection of new cases and effective treatment. Between 2005 and 2006 progress in detection slowed, and the

detection rate increased only marginally. Africa, China and India collectively account for more than two thirds of undetected tuberculosis cases. The detection rate in Africa — 46 per cent in 2006 — is furthest from the target. Despite its success, Directly Observed Treatment Shortcourse has not yet had the impact on worldwide transmission and incidence needed to achieve the targets of halving the world's 1990 prevalence and death rates by 2015. To accomplish the targets, regions that lag behind will have to improve both the extent and timeliness of the diagnosis of active tuberculosis and increase the rate of successful treatment, including diagnosis and treatment of HIV-associated tuberculosis and multi-drug-resistant tuberculosis. Diagnosis and successful treatment of multi-drug resistance are of particular concern and are lagging behind globally, especially in the three countries that account for 57 per cent of global cases.

13. About 1.2 billion of the world's poorest populations continue to suffer from the crippling effects of neglected tropical diseases. These diseases are no longer found only in tropical areas. They are diseases of the world's poor, as they affect the most vulnerable globally, including the poorest in some developed countries. For the most part, these diseases are relatively easy to prevent and treat. As they are both cause and perpetuators of poverty, addressing these diseases is an important poverty reduction strategy. Some of the initiatives taken to tackle them are excellent examples of what can be achieved through public-private partnerships.

14. It will be impossible to improve global health without addressing the growing burden of health problems associated with non-communicable diseases. Chronic diseases such as heart disease, stroke, cancer, chronic respiratory diseases and diabetes are by far the leading cause of mortality in the world, representing 60 per cent of all deaths; 80 per cent of those deaths are in low- and middle-income countries. Those diseases are preventable but require concerted action by all.

15. The least progress has been made in improving maternal and newborn health, with Millennium Development Goal 5 lagging behind most of the other Goals. Maternal mortality remains unacceptably high across much of the developing world. In 2005, more than half a million women died as a result of pregnancy-related complications. Of those deaths 92 per cent occurred in the developing regions, with sub-Saharan Africa and Southern Asia accounting for 86 per cent of them.

16. An important cause of pregnancy-related death is the absence of skilled health workers (doctors, nurses or midwives). In 2006, nearly 61 per cent of births in the developing world were attended by skilled health personnel, up from less than half in 1990. Coverage, however, remains too low, particularly in Southern Asia and sub-Saharan Africa — the two regions with the greatest number of maternal deaths.

17. Deaths of children under five also remain very high, despite progress in reducing child mortality in all regions except sub-Saharan Africa. Between 1990 and 2006, about 27 countries — mostly in sub-Saharan Africa — made no progress in reducing childhood deaths.

18. Maternal and newborn health are areas that lack sufficient resources, the necessary political will and high-level leadership. Greater investment in well-managed health systems, particularly primary care, will be essential if progress is to be made. Better health outcomes for mothers and newborns will be the ultimate measure of the success of investment in health systems. If a health system is available and accessible 24 hours and 7 days a week to handle normal deliveries and

emergencies, it means it is equipped to provide a wide range of other services as well. Advances on health systems and maternal health are mutually reinforcing.

19. Maternal and newborn health are also linked with education of both women and men and women's access to economic resources. In almost all regions, the net enrolment ratio in 2006 exceeded 90 per cent; many countries were close to achieving universal primary enrolment with the exception of sub-Saharan Africa, where about 38 million children of primary school age are still out of school. Some strides have also been made in promoting gender equality and empowering women, but much more needs to be done. Equal access to primary school remains elusive for girls, despite some gains. Girls' primary enrolment increased more than boys' in all developing regions between 2000 and 2006, yet girls account for 55 per cent of the out-of-school population. Overall, women occupy almost 40 per cent of all paid jobs outside agriculture, compared to 35 per cent in 1990. But, almost two thirds of women in the developing world work in vulnerable jobs and as unpaid family workers. Women are also disproportionately represented in part-time, seasonal and short-term informal jobs and therefore are deprived of job security and benefits.

III. Sustaining progress in times of crises¹

20. The past two years have seen a dramatic sequence of global crises which have and will continue to affect efforts to improve global health: food insecurity, climate change, conflict, and most recently the economic crisis. The interplay between these dynamics is testimony to the increasing complexity and interconnectedness of the current global threats and points to the need for solutions that cross sectoral and national boundaries and engage a wide-range of stakeholders. The H1N1 flu outbreak is a direct reminder that diseases know no borders and require a collective, global response that draws on preparedness and timely information.

A. Impacts of the food crisis on health

21. The high food prices of 2008 led to an alarming increase in food insecurity around the world. Higher food prices added 115 million hungry people in 2007 and 2008 to the 130-155 million people already driven into poverty between late 2005 and early 2008, raising the total to close to 1 billion people.² Rising food prices threatened the limited gains in alleviating child malnutrition. By 2006, the number of children in developing countries who were underweight exceeded 140 million and that global situation will be exacerbated by higher food prices. Those trends have seriously jeopardized the achievement of Millennium Development Goal 1 on poverty and hunger, and will have an impact on the health-related Millennium Development Goals as well. While the escalation of prices in food has abated somewhat, the damage has been done and structural issues persist, affecting the poor more severely.

¹ This section is to be read in conjunction with the annual report of the Secretary-General on the work of the Organization (A/64/1), the report of the Secretary-General on the Theme of the 2009 high-level segment of the Economic and Social Council: Current global and national trends and their impact on social development, including public health, the Millennium Development Goals Report 2008 and 2009.

² FAO, 2008.

22. While international food prices have declined from their peaks of 2008, they remain volatile and may spike again as droughts and floods and other climate-related events affect harvests. More notably, domestic prices in most developing countries have not fallen as much as international prices. In the long term, the world is facing an important challenge of how to feed more than 9 billion people in 2050 in the face of increasing demand for food and climate change, which, among other impacts, will put further constraints on already scarce water resources.

23. Hunger and undernutrition are major threats to public health. Eating less food and less nutritious food can cause a range of negative health conditions and can have long-term consequences on vulnerable populations, in particular pregnant women, nursing mothers, infants and young children, as well as people living with HIV/AIDS and tuberculosis. It worsens people's health status and leads to chronic illnesses. Malnutrition can permanently stunt physical and cognitive growth in the first years of a child's life, and is associated with at least one third of all child deaths.

24. The High-Level Task Force on the Global Food Security Crisis, established by the Secretary-General in April 2008 and composed of the heads of the United Nations specialized agencies, funds and programmes, Bretton Woods institutions and relevant parts of the United Nations Secretariat, promotes a unified response to the challenge of achieving global food security. The Comprehensive Framework for Action outlines a twin-track approach — investing in food assistance and social safety nets for those most in need, and at the same time scaling up in investment in agriculture in developing countries, increasing opportunities for people and enabling them to feed themselves, ensure adequate nutrition and sustain an increase in income. In order to meet Millennium Development Goal 1, as well as all health Millennium Development Goals and the Millennium Development Goals as a whole, it is necessary to give continued priority to the food and nutrition security of vulnerable groups.

B. Climate change and health

25. Climate change modifies the physical and socio-economic conditions within which life occurs, thus influencing human health. A changing climate impacts on fresh water supply, agricultural productivity, frequency and distribution of disastrous weather events, as well as characteristics and occurrence of vector-borne diseases. These in turn directly and indirectly affect socio-economic conditions. The impacts can be positive or negative depending on the geographical location of human life. However, the overall effect is expected to be negative. Changes in climate are lengthening the transmission seasons of important vector-borne diseases, such as malaria and dengue fever, and altering their geographic range. That may result in devastating consequences as new, previously unexposed populations with low immunities and/or lacking strong public health infrastructures face infection. The link between increases in flooding, which climate change will intensify, and higher rates of waterborne diseases and acute diarrhoea has long been recognized. Over time, climate change is expected to exacerbate shortages of potable water worldwide, which will have a profound impact on human health.

26. In the long run, the greatest health impacts may not be from acute shocks, such as natural disasters or epidemics, but from the accumulated effects of a changing

climate on those systems that sustain health, and which are already under stress in much of the developing world. Increasing temperatures and more variable precipitation are expected to reduce crop yields in many tropical developing regions. In some African countries, yields from rain-fed agriculture could be reduced by up to 50 per cent by 2020. This is likely to aggravate the burden of undernutrition in developing countries. Extreme high air temperatures can kill directly; it has been estimated that more than 70,000 excess deaths were recorded in the extreme heat of the summer of 2003 in Europe. By the second half of this century, such extreme temperatures will be the norm. In addition, rising air temperatures will increase levels of important air pollutants, such as ground-level ozone, particularly in areas that are already polluted.

27. In order to minimize the increase of health risks, help communities cope, particularly those most vulnerable, and make progress towards achieving the Millennium Development Goals, it is an imperative that the intergovernmental negotiations on climate change under the United Nations Framework Convention on Climate Change are successful with regard to mitigation of and adaptation to climate change. This is the responsibility of Governments, which must show increasing determination to live up to that responsibility. They must dedicate more time and effort to these negotiations and work together towards "sealing the deal" in Copenhagen at the end of 2009.

C. Countries emerging from conflict and natural disaster and health

28. During times of crises inequities in health increase, requiring special efforts to meet the needs of the poorest and most vulnerable. The situation is worse for countries in, or emerging from, conflict or those that have experienced natural disasters.

29. Evidence has shown that the countries farthest from reaching the Millennium Development Goals are in, or are emerging from, conflict. The lack of progress in health in these countries is undermining global progress on the health and non-health Millennium Development Goals. Political violence and conflict generate health risks in the short run. However, it is in the longer term that the impact of the conflict on health is most devastating, especially with respect to mental health. Serious interruptions and even the collapse of health-care systems also prevent access to basic health care, despite the increased needs related to the crisis. Attempts to accelerate past achievements in the health-related Millennium Development Goals may be hampered by the loss of capacity and, in some cases, near collapse of the public health systems.

30. Frequently, conflict has a negative impact on development work in other areas linked to health and health-care delivery. For example, it is not uncommon for relief and reconstruction efforts to be hampered by a multitude of problems, ranging from communications and logistics to governance at the national and local levels. The transition from relief to development poses unique challenges for the health sector and requires the adoption of measures directed at re-establishing the regular course of economic and social life. Extra efforts to strengthen institutional capacity to pursue longer-term health development goals and discharge essential public health functions must be part of the broader recovery strategy.

31. The fact remains that in developing countries as a whole, health spending must be protected; but at the same time, employment, education, agriculture, and basic social services cannot be neglected as they are important for health and for minimizing the impact of the economic crisis on development and stability. Mechanisms to protect health and income must be a priority. Whether the crisis is global or local, a man-made or a natural disaster, the key to protecting the poor and vulnerable — who are always the hardest-hit — is a strong health system that can carry out basic public health functions and can continue to provide vital services.

D. Current financial and economic crisis and health

32. The scale and reach of the current financial crisis has left the world economy facing a rapidly deteriorating outlook. The financial crisis has led to a credit crunch and lowered asset values, constraining household spending and curtailing production and trade. Global output and trade plummeted in the final months of 2008. The world economy is forecast to contract by about 2.0 per cent in 2009. Under a more pessimistic scenario, however, world gross product is expected to decline by 3.5 per cent this year.³ Growth in emerging and developing economies is expected to slow from 6¼ per cent in 2008 to 3¼ per cent in 2009, owing to falling export demand and financing, lower commodity prices, and much tighter external financing constraints.⁴ The World Trade Organization (WTO) estimates that global exports volume will decline by approximately 9 per cent — the largest decline since the Second World War. Developed economy exports are expected to fall by some 10 per cent on average and developing country exports are expected to shrink by 2-3 per cent.

33. Amid this grim prognosis, an overriding concern of the international community is the fate of the internationally agreed development goals, including the Millennium Development Goals. Most of the efforts of the developing countries to achieve the Millennium Development Goals have benefited from the improved economic growth and relatively low inflation that characterized the first years of this millennium. With a downturn in the global economy, the gains achieved in the past decade are likely to unravel and in some instances this reversal has already begun. New estimates of the World Bank for 2009 suggest that 46 million more people will fall below the \$1.25-a-day poverty line and an extra 53 million people will be forced to live on less than \$2 a day compared to the estimates before the crisis unfolded.⁵

34. Under these conditions, achieving the Millennium Development Goal of halving extreme poverty and hunger in the world by 2015 will be difficult. The crisis will affect all countries with a serious and disproportionate impact on the poorest and those most isolated. Livelihoods of rural and urban poor families are already deteriorating rapidly. Government expenditures and social protection systems will be negatively impacted. Jobs are being lost in most parts of the world

³ United Nations/Department of Economic and Social Affairs, *World Economic Situation and Prospects: update as of mid-2009* (forthcoming), updating United Nations publication, Sales No. E.09.II.C.2.

⁴ International Monetary Fund, *World Economic Outlook, Update*, 28 January 2009.

⁵ World Bank, "Crisis Hitting Poor Hard in Developing World", Press Release No. 2009/220/EXC, Washington, D.C., 12 February 2009.

at a quick pace, with women being disproportionately affected in the developing world where almost two thirds work in vulnerable jobs and as unpaid family workers. Women are also disproportionately represented in part-time, seasonal and short-term informal jobs and therefore are deprived of job security and benefits.

35. It is therefore imperative to counter this period of economic downturn by increasing investment in health and the social sectors and building on past successes. There are several strong reasons supporting this line of action.

(a) **First, to protect the poor.** The global economic crisis, along with food insecurity and some of the impacts of climate change, has critical implications for global public health. Reductions in health-care expenditures — that in “good” times push more than 100 million persons annually into poverty — are likely to increase dramatically. Inevitably, it is the most vulnerable who suffer the most; the poor, the marginalized, children, women, disabled persons, the elderly, and those with chronic illness.

(b) **Second, to promote economic recovery.** Investment in social sectors is investment in human capital. Healthy human capital is the foundation of economic productivity and can accelerate recovery towards economic stability.

(c) **Third, to promote social stability and security.** Equitable distribution of health care is a critical contributor to social cohesion. Social cohesion is the best protection against social unrest, nationally and internationally. Healthy, productive and stable populations are always an asset, especially in time of crisis.

(d) **Fourth, to generate efficiency.** Prepayment with pooling of resources is the most efficient way of financing health expenditure. Out-of-pocket expenditure at the point of service is the least efficient, and the most impoverishing one — already pushing millions below the poverty line each year. A commitment to universal coverage not only protects the poor, it is the most affordable and efficient way of using limited resources.

36. In this time of crisis, all Governments and political leaders must maintain their efforts to strengthen and improve the performance of their health systems, protect the health of the people of the world, and in particular of those who are most fragile.

IV. Development cooperation for health

37. In many countries, responsibility for health and social services is at the local level. However, increasingly, policies that affect the health and social service sector, e.g., financial, trade, industrial and agricultural policies, are forged at the international level. As a consequence, health determinants as well as national public policies and priorities are often influenced by international policies and developments. Various ministries, including health, agriculture, finance, trade and foreign affairs, are now cooperating to see how they can best provide input when policy decisions are taken, and weigh the costs and benefits of alternative policy options on health, the economy and the future of their people. The challenge is to ensure that policymaking is inclusive of all actors and sectors, responsive to local needs and demands, accountable, and oriented towards health equity.

Aid

38. Aid, trade and debt relief are vital for developing countries that are already burdened with straitened financial circumstances and competing needs. Total official development assistance (ODA) flows from Development Assistance Committee of the Organization for Economic Cooperation and Development countries increased to \$119.8 billion in 2008 from \$103.7 billion in 2007. Until 2006, an increasing share of all ODA was being devoted to health. Total bilateral commitments to health in the period 1980-1984 averaged \$2.8 billion (constant 2006 dollars), or 5.3 per cent of all ODA. This increased to an average of \$6.4 billion in the five years to 2006, equivalent to 7.8 per cent of all ODA, after remaining unchanged in all of the 1990s.⁶

39. In recent years, total aid for health from official and private sources has more than doubled, to about \$16.7 billion in 2006, up from \$6.8 billion in 2000. There are, however, disparities between the amount of aid for health received by countries — Zambia receives \$20 per person for health, Chad just \$1.59. The challenge now is to scale up aid to levels that will make it possible to achieve the Millennium Development Goals. For this to happen, aid needs to be used more effectively and challenges highlighted in the Paris Declaration need to be addressed.

40. Aid targeted towards the health sector has made a significant contribution to health gains achieved so far, particularly in the area of HIV/AIDS, malaria and tuberculosis. But much more needs to be done, both by donor countries and recipients. Analysis of trends over the past 10 years shows aid for health is fragmented into large numbers of small projects; more than two thirds of all commitments were for less than \$500,000. Relatively little is provided directly into country budgets. This makes it harder for developing countries to influence what aid is provided for or how it is provided. Aid for health still needs to be much more aligned to country priorities and, where possible, channelled through their national health plans. At the global level, there needs to be a better match between the needs of individual countries and the support they receive from donors to address them.

41. Currently, more partnerships and diverse and innovative mechanisms of financing are devoted to the cause of health, which has led to increased money for health. Yet, such large numbers of resource channels may pose challenges for coordination and alignment with country priorities. For instance, some developing countries are becoming dependent on individual donors, and increasingly vulnerable to any changes in their behaviour. High-profile initiatives and programmes need to put more of their funding directly into health strategies and plans of countries, and focus on making these funds as long term as possible.

42. The health sector embodies all of the key challenges of making aid more effective. Its strong focus on results provides a constant reminder of the fundamental purpose of aid effectiveness efforts. Its benchmarks against which to measure success could not be more powerful: to protect people from ill health, to provide appropriate and quality health care; ultimately, to save lives.

⁶ Effective Aid, Better Health: report prepared for the Accra High-level Forum on Aid Effectiveness, 2-4 September 2008, WHO, World Bank, OECD.

Trade

43. Trade remains an important engine of growth and prosperity for most developing countries. Yet, there has been little progress recently in reducing the barriers to exports from developing countries to developed countries. Moreover, with the global economic and financial crises, new risks of protectionism have emerged threatening the international trading system. Trade financing, which is critical to many developing countries, especially the least developed, has been seriously affected.

44. The WTO agreements that have implications for health include the Agreement on Trade-Related Aspects of Intellectual Property Rights; WTO Agreement on the Application of Sanitary and Phytosanitary Measures; Agreement on Technical Barriers to Trade; and the General Agreement on Trade in Services. The patent protection of medicines and other health-related products could potentially lead to high prices for medicines, thereby affecting affordability and accessibility. The Doha ministerial conference in November 2001 adopted a declaration allowing members to take measures to protect public health (a waiver providing this flexibility was agreed on 30 August 2003). The agreement has significantly contributed to improving access to affordable antiretroviral drugs. It also has implications for traditional medicine.

Debt relief

45. In 2005 ODA was boosted by the exceptional debt-relief initiatives for heavily indebted poor countries (HIPC). Donors will need to increase programmable aid (which excludes debt relief) in order to meet the 2010 aid target to increase total aid by \$50 billion overall and aid to sub-Saharan Africa by \$25 billion a year (in 2004 dollars). The HIPC Initiative and Multilateral Debt Relief Initiative (MDRI) have drastically decreased the debt burdens of many low-income countries. For example, debt relief under the HIPC Initiative reduced burdens of external debt service for 34 post-decision-point highly indebted poor countries. Assistance under the MDRI Initiative further reduced the external debt of 23 post-completion-point countries.⁷ However, maintaining long-term debt sustainability will be difficult.

V. Challenge of inequities in health and access to health services

A. Inequities in health outcomes

46. Deep inequities in health outcomes — the unfair and avoidable differences in health status seen within and between countries — persist. For example, differences in life expectancy between the richest and poorest countries exceed 40 years. The lifetime risk of maternal death in Ireland is 1 in 47,600; in Afghanistan it is 1 in 8. Even within a given country, inequities can be great. Maternal mortality is three to four times higher among the poor compared to the rich in Indonesia. Although some of the inequities in health outcomes are due to differences in access to health services, the majority is attributable to the conditions in which people are born, grow, live, work and age. In turn, poor and unequal living conditions are largely the

⁷ *Global Monitoring Report*, annex (World Bank, 2009).

result of poor social policies and programmes, unfair economic arrangements, and politics driven by narrow interests.

47. Achieving the Millennium Development Goals will address many of the social determinants of health, and will certainly improve health outcomes. However, the Millennium Development Goals indicators do not measure inequities, particularly within a country. Because national averages are used, it is possible to achieve the Millennium Development Goals while health inequities worsen, unless interventions are targeted particularly at the poor, vulnerable and marginalized. It is important to measure and understand the problem of health inequities and their determinants, and to keep track of the impact of action.

48. The role of Governments in reducing health inequities includes ensuring provision of basic services, and protecting and promoting human rights, such as entitlements to services of health care and education, and the right to a decent standard of living. Governments are responsible for legislative and regulatory frameworks that influence these factors and should monitor health status among different population groups, thus documenting the extent of the problem and the impact of action.

49. Civil society should contribute by assisting Governments in taking action in this area. Evidence shows that engagement of communities in decisions that affect their health, including health services, increases the likelihood that policies and actions will be appropriate, acceptable and effective. In addition, in some countries non-governmental organizations provide a substantial share of health services. Civil society organizations can have an impact through advocacy, monitoring and giving a voice to the most disadvantaged. Women's organizations and AIDS activists have been among the most successful of such groups. Labour organizations also have a role to play.

50. The strategy for addressing health outcomes must be comprehensive: as the WHO Commission on Social Determinants of Health concluded in its recent report, it is not possible to reduce inequities in health outcomes without improving the conditions of daily life and the inequitable distribution of power, money and resources.

B. Towards universal coverage

51. Scaling up services towards universal access is also fundamental to reducing health inequities. Universal coverage means access of all people to a full range of health services, with social health protection. Progress in increasing coverage for interventions, which could make a difference to the major health problems faced, especially by poor and more vulnerable people, is still patchy and uneven. In addition to increasing the supply of services, financial and other barriers to access have to be eliminated and people given predictable financial protection against the costs of seeking care. To attain the financial protection that has to go with universal access, countries need to move away from user fees, and generalize prepayment and pooling schemes.

52. Universal coverage carries particular significance for women. They face higher health costs than men, associated with their higher use of health care. Yet women are more likely than men to be poor, unemployed or else engaged in part-time work

or in the informal sector, without health benefits. For example, where there are user fees for maternal health services, households pay a substantial proportion of the cost of facility-based services, and the expense of complicated deliveries is often catastrophic. The removal of user fees and the provision of universal coverage for maternal health, especially for deliveries, will increase access and help to reduce maternal deaths.

VI. Strengthening systems for health

53. Without urgent improvements and long-term commitments to make health systems functioning, accessible and affordable, the health Millennium Development Goals will be difficult to achieve. The Secretary-General has identified the need to strengthen health systems as a critical area that needs concerted action across and beyond the United Nations system, and has made this a priority for his tenure. Efforts to address the human resources crisis and to protect the poor from catastrophic out-of-pocket health expenditures are particularly important.

54. Health systems provide the base for the dramatic scale-up of interventions that is needed to meet the health Millennium Development Goals. Contributions from disease-specific programmes are essential. There is a great deal to learn from the work of global health initiatives such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Global Alliance for Vaccines and Immunization and the United States President's Emergency Plan for AIDS Relief, among others. Their focus on a specific disease is complementary and includes efforts to ensure well-managed, adequately staffed and well-equipped health systems with the capacity for delivering prevention and care interventions. The challenge is to scale up and strengthen services for health in a coherent manner beyond these initiatives.

55. Health systems are weak in far too many countries because of decades of poor planning, poorly thought-out investment, and poorly coordinated aid. They are weak because of a long-term failure to invest in basic health infrastructures, services and staff. These weaknesses have become much more visible because of the unprecedented drive to improve health.

56. Although health systems are highly context-specific, those that function well have certain shared characteristics: (a) good health services that are available and affordable for all; (b) a well-performing health workforce; (c) equitable access to essential medical products, vaccines and technologies of assured quality; (d) dissemination of evidence-based health information; effective monitoring of performance and outcomes, accountability to service beneficiaries; and (e) leadership and effective governance. Community participation has been shown repeatedly to be critical to building a successful health system. The focus of designing health services must be on both demand and supply, and the most vulnerable need to be engaged as active participants in decision-making processes affecting their health. To that end, important lessons can be drawn from the response to AIDS and engagement of a full-fledged social movement.

57. The health workforce crisis merits particular mention. The challenges are to manage the national and international migration of health workers, to attract and motivate health workers to remain in their workplaces, and to encourage them to work effectively and productively. Health-worker international migration has been increasing worldwide over the past decades, especially from lower-income

countries, whose health systems are already very fragile. To address this situation, the World Health Assembly called for the development of a code of practice on the international recruitment of health personnel.⁸ A multi-stakeholder process to articulate the content of the Code has been initiated. Actions are needed in the host country and in the home country of skilled health professionals. Predictable, sustained and increasing resource flows can help home governments to adequately equip and retain their health workforce. It is also vital to support countries in solid planning, management and deployment for competent and motivated health workers, including a considerable scale-up in education and training facilities. A comprehensive approach is needed for the recruitment, training, support and retention of all levels of health workers. Much more attention should be dedicated to support the work of community health workers, whose role is particularly critical in ensuring service delivery to the most vulnerable.

VII. Health in all policies

58. It has become clear that policies and actions outside the health sector have an enormous effect on health, either a detrimental effect (e.g., air pollution or environmental contamination) or a positive effect (e.g., education, gender equality, healthy environmental policies). Yet, ministries of health in many countries have struggled to coordinate with other sectors or to influence policies beyond the health system for which they are responsible. Decision makers should approach their policies by considering the effects on health, from educational, agricultural, fiscal, housing, transport and other policies. Where such intersectoral collaboration has been successful, the health benefits have been considerable.

59. There are problems in encouraging greater intersectoral collaboration which must be addressed. These include countering divisive activities by well-resourced lobbies, as has been the case for efforts to control tobacco, regulate waste, and limit the marketing of food to children. In addition, it is difficult to coordinate across multiple institutions and sectors. Many countries have limited capacity. Moreover, policymakers in other sectors are too often unaware of the health consequences of their policies, and of the potential benefits that could be derived from them.

VIII. Widening the circle of partnerships for health and enhancing their impact

60. Global health issues are receiving greater attention than ever before, with more players contributing to a multitude of initiatives that seek to address both specific diseases as well as health systems issues. The increase in initiatives is welcome but brings challenges for coordination and coherence. There is a growing need to work together across traditional boundaries and in new ways.

61. The Secretary-General has made explicit the need for Member States and the United Nations to involve and work with civil society, the private sector, foundations and academia. To that end, he has brought together leaders of United Nations entities, representatives from key civil society organizations, Chief Executive Officers of private sector institutions, heads of major foundations and

⁸ Resolution WHA57.19.

representatives from the academic world to join forces for priority global health issues and push for concerted action.

62. One of the best examples of the potential power of partnerships is the response to HIV/AIDS, which has seen groundbreaking involvement of a wide range of groups previously excluded from policy formulation, decision-making, and even resource mobilization. In particular, the involvement of people directly affected by AIDS, in addition to community groups and non-governmental organizations, has proven to be critical to reaching out to people and addressing culturally sensitive issues that Governments initially had difficulty acknowledging.

63. Another example of the power of partnerships to transform global efforts in public health is that of malaria. The work of the Secretary-General's Special Envoy on Malaria and the efforts of the Roll Back Malaria Partnership, bringing together a wide range of partners, including malaria-endemic countries, bilateral and multilateral development partners, the private sector, non-governmental and community-based organizations, foundations, and research and academic institutions, has brought not only a formidable assembly of expertise, infrastructure and funds into the fight against the disease, but most importantly a new way to do business by engaging traditional and non-traditional players.

64. There are lessons to be learned from the partnerships forged to deal with AIDS and malaria. First, it is possible for very different groups to work together around a common cause, and one that seems complex and daunting. Second, with such partnerships, scaling up is possible. Third, it is important to involve those directly affected by the issue in developing policies and planning action. Fourth, partnerships are important at all levels — community, national and international — to address the different challenges at each level. Global health partnerships such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNITAID and the Global Alliance for Vaccines and Immunization have made major contributions to increasing the resources available and bringing new dynamics into the public health sector. The potential power of partnerships to mobilize different players to work together in new ways needs to be explored further.

Regional meetings

Five country-led regional meetings^a were held in support of preparations towards the annual ministerial review in the Economic and Social Council in July. These meetings provided an opportunity for multi-stakeholder engagement, including — Governments, civil society, United Nations system institutions and the private sector. They also provided an opportunity to prepare the launch of new partnership initiatives at the annual ministerial review July 2009 session, in Geneva.

- A South Asia regional preparatory meeting on the theme "Financing strategies for health care" was held in Colombo from 16 to 18 March 2009, by the Government of Sri Lanka. Issues discussed at this meeting were: (a) domestic financing for healthcare; (b) external financing for health care; (c) challenges for health systems in countries in or following crisis; (d) progress and challenges in achieving the Millennium Development Goals

- An Asia Pacific regional ministerial meeting on the theme "Promoting Health Literacy" was held on 29 and 30 April 2009 in Beijing. The focus of the meeting was the following: (a) the challenges of health literacy in Asia and the Pacific; (b) promoting multisectoral actions; (c) promoting health literacy through media and empowerment; (d) building capacity to increase health literacy
- A Western Asia regional ministerial meeting was held in Doha on 10 and 11 May on the theme "Addressing non-communicable diseases and injuries: major challenges to sustainable development in the twenty-first century". The issues discussed at the meeting were: (a) the global and regional magnitude of non-communicable diseases and injuries and their impact on socio-economic development and poverty reduction strategies; (b) integrating the care of non-communicable diseases into primary care; (c) multi-stakeholder approaches to meet the challenges of non-communicable diseases and injuries; (d) new initiatives to address non-communicable diseases and injuries
- A regional ministerial meeting in Latin America and the Caribbean is scheduled to be held on 5-6 June 2009 in Kingston, Jamaica, on the progress in the reduction of the HIV/AIDS pandemic and its interconnection with regional public health and development goals. At that meeting the following key topics will be discussed: (a) the status of the HIV/AIDS epidemic in Latin America and the Caribbean; (b) lessons learned and best practices in the response to HIV/AIDS; (c) response of Governments in the region to current global and regional economic trends and the likely implications for the fight against HIV/AIDS
- An African regional ministerial meeting is to be held in Accra, in June 2009. The meeting focuses on e-health. The following topics will be examined at the meeting: (a) strengthening policies for provision of information and communications technologies for health; (b) supporting equity of access and protection for all; (c) promoting the growth of e-health capacity, tools and services.

^a Outcomes of these meetings will be presented as a Conference Room Paper after their conclusion.

IX. Priority actions and recommendations

65. Political leadership at the highest levels can make the greatest difference in galvanizing global and national efforts to promote and protect health, reduce inequities in health outcomes and access to services, and to achieve the Millennium Development Goals. For this reason, world leaders should call for joint action on health and in particular on the following:

(1) Developing a comprehensive and integrated approach to achieving the Millennium Development Goals which:

- Strengthens efforts to improve women's health, and in particular maternal and newborn health
- Makes prevention, treatment and control of neglected tropical diseases and non-communicable diseases an integral part of the achievements of the health-related Millennium Development Goals
- Protects and sustains gains achieved in combating AIDS, tuberculosis, and malaria, including dealing with new threats such as multi-drug-resistant extensively drug-resistant tuberculosis
- Invests in infrastructure and delivery systems to expand the impact of and build synergies with vertical health programmes
- Invests in public health systems required for surveillance and responses to potential outbreaks of disease and other public health emergencies under the International Health Regulations
- Strengthens local authorities in environmental sanitation and waste management in collaboration with health authorities.

(2) Strengthening health systems through primary health care to advance the goal of universal access to health services. This would include:

- Progressively expanding access to a comprehensive package of health services (including adequate health workforce, financing, and information)
- Providing financial protection from catastrophic health costs, moving away from user fees in developing countries and promoting prepayment and pooling schemes
- Working towards finding innovative ways for recruiting, training and retaining health workers and professionals and creating a critical mass of community health workers
- Supporting an international mechanism to track movements of health-care workers, nurses and doctors and conduct studies on migration trends to be able to assist Governments in developing targeted interventions to promote brain-drain "reversals"
- Building and strengthening health information systems for identifying and understanding gaps, successes and trends and for accountability
- Investing in information and communication technologies and health education to (a) establish direct communication networks among experts, therapists, caretakers and patients; (b) support system-wide implementation strategies for treatment and preventive practices; and (c) make populations aware of health risks and health services provided
- Supporting affordable public transportation services and access to energy to ensure accessibility and availability of health care services.

- (3) Promoting health as an outcome of all policies through:
 - Taking action in many areas of policy to reduce the growing burden of non-communicable diseases and other health problems such as maternal mortality, AIDS, etc.
 - Mainstreaming health concerns and awareness into all sectors that ultimately affect health, e.g., the financial and trade sectors
 - Establishing and pro-actively promoting intersectoral committees at the national and local levels to formulate health-related policies and guidelines
 - Increasing the resilience to crises through taking action to address food shortages, climate change, conflict, etc.
 - Routinely assessing the impact on health of all policies, programmes, initiatives.
- (4) Promoting greater coherence through:
 - Promoting new ways of working with a range of traditional and non-traditional stakeholders including civil society, the private sector and other non-State actors
 - Promoting greater coordination among donors, including adherence to the Paris Declaration and Accra Agreement.
- (5) Building and strengthening partnerships through:
 - Finding ways to bring in new partners and build synergies
 - Building productive and people-centred partnerships with the private sector in the maintenance of health-care facilities and utilization of virtual and mobile technology to provide health advice and services and raise health awareness
 - Exploring operational partnerships with faith-based organizations to reach communities in disseminating information and coaching on health
 - Providing a platform to connect policymakers, researchers, health promoters, educators, and parents to exchange up-to-date science and best practices for prevention, treatment and control.
- (6) Sustaining and enhancing financing for health and development by:
 - Allocating adequate resources despite the economic downturn to reach the poorest and most vulnerable
 - Ensuring national and community ownership by harmonizing allocations of national budgets and external aid. Monitoring and evaluation should feed into nationally led planning processes
 - Focusing on the implementation and monitoring of international commitments
 - Making external funding more predictable and well-aligned with country national priorities and channelling resources to recipient countries in ways that strengthen national financing systems

- Promoting collective actions by all stakeholders in order to ensure higher levels of funding for meeting the challenges of global public health, including alliances for innovative funding.

X. Conclusion

66. Addressing the challenges in reaching the health Millennium Development Goals will require simultaneous action on many fronts with multiple actors. It is expected that the Economic and Social Council will bring together various organizations within the United Nations system and shape a unified approach towards bringing the benefits of good health to all. Only a well-coordinated approach will bring results. The Secretary-General's leadership in reaching out to civil society, the private sector, foundations, academia, and other sectors is an example of forging such an approach. Likewise, government leaders can be more proactive both in fostering more cross-sectoral collaboration within government and in reaching out to work more closely with civil society, academia, the private sectors and others, to make greater strides towards improving the health of their populations.

67. The Economic and Social Council, through preparations for its substantive session, has helped illuminate various aspects of public health including strengthening health systems, strengthening partnerships to help achieve the health goals and promoting approaches that have a direct or indirect impact on health outcomes. They have also underscored the need for intergovernmental action on issues such as migration and education of skilled health personnel. The consideration of the recommendations in the report and the adoption of a ministerial declaration will greatly enhance efforts to promote public health. Urgent action is called for in these difficult times characterized by the coexistence of multiple crises.